PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01576 Reg. Dist. No. 139

			CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
				State Maryland County  Bal timore  City or town Bal timore  (If outside city or town limits, write RURAL and give nearest towo)  Street No. 5415 Omaha Ave.  (If rurel, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAM		ond		3. (b) Social Security Number 213-16-9663
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	S	epa rated	2D. DATE DF DEATH February 9 19. 46 at 6:55P M
	A 13 CP 2	6. (c	) If alive, give ageyear	and thet t last saw h. 1Malive on February 9
8. AGE: Year 6		Days 25	If less than one day	Carcinoma of Right Lung About 1
1D. Usual occupation  1t. Industry or busine	ss	***************************************		Oue to GlOl, dated 2-12-46: "Cause of death  Wm.C. Bond derived from gross exam. of lung.  Oue to at autopsy. In event disproyed  we will send you note to this effect
t2. Name	William Baltimor		rv land	Diher conditions Dr. I.B. Lyon, State San 2-12-46."
HE 14. Maiden name	Elizabe	th Gr	e en e wald	(Include pregnancy within 8 months of deeth)  Major findings of operations
2 15. Birthplace	Baltimo	re, Ma	aryland	Date of op.
16. informani	Harry F	. Bon	d (Son)	Aotopsy resolts. As above
	5 Omaha A	VA. R	alto Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buria (Burial, crematio	1. n, or removal. Which?	Date there	2/13/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery Xr Xr Xr	Mt. Ca	rmel		Where did injury occur?
Location	Bal time	ore, M	d.	Injured at home, farm, Industry, public place (where?)
	M.L.Cr	eager	& Son	Means of Injury Injured at work?
Address	Thumo			M. dun
19. (Date rec'd by	egistrar)	1	Registra	23. SIGNATURE M. D. XXXXX  M. D. XXXXX  Address State Sanatorium, Md. Date signed 2/11/46

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6

### CERTIFICATE OF DEATH

47	-	0			0	- 1
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Rei	or. T	lint	. P	io.	 9	- 4

3. (b) Social Security Number

1. PLACE OF DEATH:
County Frederich
City or Justine
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Dead Jones
Hospital, Institution, or streef address where death occurred:
Frederick Eily Hospital
Now long in hospital or institution?
(a) FILL NAME

2. USUAL RESIDENCE (HC	OME) OF DECEASED:
(For newborn infants give a	residence of mother)
211	Trederick
State	County
-	P. 1 T. F
Sily or lower	
(If outside city of	town limits, write KURAL and give nearest town)
7 /	· . 1 / / 7 / 1 T
Street No Trees	The state of the

(If rurai, give LOCATION)

G) FULL I	Orhen h	10- 14: Bru	ch
sex /	5. Color or race	8.(a) Single, married, widowed, or divorced	
Tu	211	20000	

	3	
MEDICAL	CERTIFICATION	

7. Birth dafe of r ceased (mo., day, yr.) 8 AGE: 11. Industry or business

1. I CERTIFY that	death occurred on the date	above stated; that I a	ffended deceased	from
		1910		19
nd that I last saw	hy manye on	1 26	7	19
amediate cause		me 3 S/	fore 1	DURATION
Show	er hel	norther,	,	well.
ue to				

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

11	22. VIOI	, E
9	Accident,	S

(month) (day) (year)

NCE:	It death was due to external causes, or homicide.	, 1111 in the following;	. 9.4	6
njury	OCCUT? Fudus?	molist	10	

injured at home, farm, industry, public place (where?) Means of Injury

(Date rec'd by registrar)



### MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore 50

### CERTIFICATE OF DEATH

Reg. Dint. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Kaluuko ;	(For newborn infant) give residence of mother)
City or town My Otantle	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town.
How long in above place of death?	(If outside city op own limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war.
3. (a) FULL NAME SA SA TA	3. (b) Social Security Number
MINO. MUMIO TLOUBLE / HILBU	ok)
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Foundary West Westarres)	E
1 man	20. DATE OF DEATH TO 19 19 21 12 21 12 22 21 12 22 21 12 22 22 21 22 22
8.(b) Name of husband or wife Wiss & Surrouth & Humner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 45 to Fel 1946
7. Birth date of MAIA 7 - 1970	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	premario - Bronchal + Days
73 3 23hrsmin.	
9. Birthplace My orwille Frederick Crunty, Mel.	Due to He art Dise ase Privile
(Town, county, and state)	Fig. illation 1 5 Day
10. Usual occupation.	No. 1 Constitution of the
11. Industry or business	2
	QQ Daniel Danie Con
12. Name Silas Swape mut Va	Other conditions
	(Include pregnant within 3 months of death)
14. Malden name anna & Brunnir	Major findings of operations.
5 15 Rightnian & Mulhshillo md	Major radings of operations
Maria Maria	
16. Informant	Autopsy results
Address Museum Man,	
17 12 wurd Date thereof Fil. 28-1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Mugeriallor mast	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director.	
Address Middletown Ma.	HIV HATE MA
1 1 6 1 del a: 111.	23. SIGNATURE M. D. or other
19. Jell 26 19 46 Dague Wellie Registral	mussille ml. Fl 26
(Date rec'd by registrar) Registrar	Address Date signed

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PLAINLY, WITH UNFADING INK. Supply every item of information constant is especially important. Physicians: please write the causes of death clearly and legibly

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### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

### 2411 N. Charles St., Baltimore (1800)

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	Diat.		1.	11	. 1
lag.	Dist	No	- ( '	7.	۳

1. PLACE OF DEATH: County Frederick				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			***************************************	State Maryland County Frederick			
City or town(If o	utside city or town	limits, write I	RURAL and give nearest town)	mb.	A		
How long in above place of death? 20 years			City or town(If ontsi	ide city or town limits	a, write RURAL and give r	eareat town)	
Hospital, Institution, or	afreet address where	death occurre	i:	Street No.	Main St.	,	
.888888		• • • • • • • • • • • • • • • • • • • •		•• [	(If rurai, give	LOCATION)	
		*****************		2.(a) If vetcran, name war		10	***************************************
3. (a) FULL NAME		43-6	D. I.			3. (b) Social Securit	y Number
		Ada	Cora Buhrman			None	
4. Sex	5. Color of race	6.(a)Singi	e, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
Female	White	M	idowed	20, DATE OF DEATHF	ebruary	4, 1946	3 P:M
6.(b) Name of husband	A:	lbert	L. Buhrman			ve atated; that I attended de	
			***************************************	l		44,10 Feb	
7. Birth date of	**-		c) It alive, give ageyea	and that I last eaw her	allre on Fel	2.3	0[1
dcccased (mo., day, y	n) Maj	19,	1809				OURATION
8. AGE: Years		Daye	it less than one day	Chronic	outero-	colitis	Lyean
76		II	hrsml	n.			0
	(Lown.	. county, and	rick Co., Md.	Cue to			
10. Usual occupation		CMITE.	•••••••••••••••••••••••••••••••••••••••	Due to			
11. Industry or business							
12. Name	Silas Bu	hrman.	) 	Other conditions			
	oxville						
<b>E</b>	Leah A	nn Bi	ihrman.	(Include	pregnancy within 3 m	nonths of death)	••••
14. Malden name 15. Birthplace	Darril	3.0 1	f.a	Major findings of operation	038	00 00 00 00 00 00 00 00 00 00 00 00 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
≥ 15. Birthplace	FOXVII	Ie, R	iu.	_	••••••••	Oate ot op	
18. Interment	irs. Held	en Hot	DDS.			***************************************	
Address	hurmont	, Md.		PHYSICIAN: Please nude	erline the cause to wh	nich death should he charge	d statistically.
. Buri	al	0.1.15	. Feb. 6. 194	6 22. VIOLENCE: If death	was due to external caus	sea, fill in the tollowing;	
(Bnriai, eremation,	or removal. Which?	) Uate ther	(month) (day) (year)	Accident, suicide, or homic		Oate ot	
Cemetery or cremator	, Unite	ed Bre	thern	Where did injury occur?	(City or town)	(County)	(State)
Location	Thurmont	, Md	•	Injured at home, farm, inde		ncre?)	
18. Funeral director				Means of Injury		injured at work?	
Address	Thurmor		Md.	1	7-2	n.	4
4 4			1 1 5 1	23. SIGNATURE. Kan	nest to	ray M.	or other
19. Telo	194 6	131	anche & Effer Registra	Address J. Jhu	mout	he Oate signed	11-116

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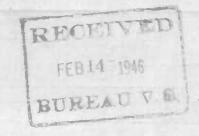
### MARYLAND STATE DEPARTMENT OF HEALTH × 2411 N. Charles St., Baltimore 469

01580

Reg. Dist. No. 131

CERTIFI	CATE	OF	DEATH

1. PLACE OF DE	TH: Prick			(For newborn in	ENCE (HOME)	of mother)	1-	
City or taken. Fire (If o			URAL and give nearest town)			Frederic		
Hospitai, Institution, or Freder:	street address where ck City.	Hospi	tal	Street NoLOZ	City Or Leave Rocky Ridge - Rural (If outside city or town limits, write RURAL and give nearest town)  Street No. Loys Station (If rural, give LOCATION)  2.(a) If veteran, name war. None			
How tong in hospital or				2.(a) If veteran, name v	war			
3. (a) FULL NAM		111777 70 70 70	4 2 4 6	NO. 177-179 AVE		3. (b) Social Securi	ty Number	
	EFFIE		AMS DAVIS BUF	DETTE		None		
4. Sex	5. Color or race	8.(a) Single	married, wildowed, or divorced			CERTIFICATION		
F	W		M	2D. DATE OF DEATH	Febru	ary 9th 1940	at 8:05A m	
			Rurdette	II al		above stated; that I attended d		
7. Birth date of			) If allve, give age	OVO.	e alive on	1 1 -	19.4.6	
deceased (mo., day, )		2, 187					DURATION	
8. AGE: Years		Days	If less than one day					
			hrsπ	···				
9. Birthplace	derick (Town	county, and s	Maryland	Que to M.	unia.		0	
10. Usual occupation	House			***************************************				
13.				Due fo			*******	
長	Plummer			Dther conditions				
adl			nty Maryland	(Inch	nde pregnancy within	3 months of deuth)		
14. Maiden name.  15. Birthplace			ams	Major fisdings of oper	rations A	(are, Pay	ceo,	
S 15. Birthplace	Frederic	ck Cou	nty Maryland			Date of op		
18. Informant	. Luther	. M. B	urdette	Antoney results				
Address Ro	cky Ridg	ge, Ma	ryland-Rural			which death should be char	ged statistically.	
			1 1			causes, fill in the following:	_	
17 Buria (Buria)			(month) (day) (year)		nomicide			
Cemetery or cremet	Betheso	la Met	hodist Cemete	Where did Injury occur	(City or town	n) (County)	(State)	
Location Bro	wningsvi	111e,	Maryland	Injured at home, farm,	Industry, public place	(where?)		
18. Funeral director	M R T		on and Son	Means of Injury		injured at work?		
	***********************		aryland		CAB	1	25 5	
Address		co	. 1 20 1. 1. 0	23. SIGNATURE		M. M.	D, or other	
19. 11 Jel	19.4.	ياع ا	naleth Theil	Address Frede	erick, Ma	ryland Date sign	ned 2-11-46	



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# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 75-

### CEDTIFICATE OF DEATH

01581

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City of town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME  Closent Trestley Berrier  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
male White married	MEDICAL CERTIFICATION  20. DATE OF DEATH 2 - / 3 19.46 at 4 5 N
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4. to 72.4. 1.3. 19.4. a  and that I last paw h alive on 74.4. 1.3. 19.4. a
8. AGE: Years Months Days if less than one day  78	Immediate cause of death DURATION  Bue to.  DURATION
10. Usual occupation	Due to
13. Birthplace  14. Maiden name Lawre Long Md.  15. Birthplace  15. Birthplace	(Include pregnancy within 3 months of death)  Majer findings of operations
Address Bradly . R.    17. Bursal Bate thereof Hall (day) (year)	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory Whichit (month) (day) (year)  Location Ag. Let Latty to warm	Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE STATE Address Control of the Control

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-7

01582

### CERTIFICATE OF DEATH

Reg. Diat. No. 139

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)  Stale Maryland County  City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 1230 W. Lombard St.  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number		
Mae M. Caldwell	217-05-8746		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Separated	20. DATE OF DEATH. February 16 19. 46 at 9:05Pm		
B.(b) Namo of husband KMK John Caldwell  5. Birth date of deceased (mo., day, yr.)  6/4/1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 19.46 to Feb. 16 19.46 and that I last saw h. er. alive on February 16 19.46		
8. AGE: Years   Months   Days   If less than one day   1.2	Pulmonary Tuberculosis 3 Yrs.		
Baltimore, Md.  (Town, county, and state)  1B. Usual occupation.  Button hole maker  11. Industry or business  12. Name.  13. Birthplace Lithuania	Due to		
14. Maiden name Mary Oguidas 15. Birthplace Lithuan ia	(Include pregnancy within 8 months of death)  Major findings of operations		
16. Informant Deceased	Autopsy results		
17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Commetery or oronatory Marinery Location Baltimore The	Where did injury occur?		
18. Funeral director M. L. Creager & Sort Fellish	Means of Injury Injured at work?		
Address Thurmont, Maryland Belts The	23. SIGNATURE DE AUTO M. D. SCHOOL		
19	Address State Sana tori um, Md. Bate signed 2/18/46		

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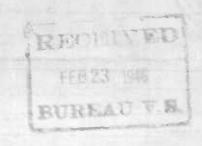
### New Year

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (L.Z.)

01583

			CERTIFICA	TE OF DEATH	Reg. Dist. No	131
City or term. Mou	nt Airy- utside city or town lin of death? 13 street address where d	Year eath occurred:	R. F. D. #1 RAL and give nearest town)	2. USUAL RESIDENCE (HO) (For newborn infants give res State Maryland Otty or Loss Mount Ai. (If outside city or to McKaig (If r 2.(a) It veteran, name war.	ME) OF DECEASED: idence of mother)  County Frederic  ry-Rural R. F.a. own limits, write RURAL and give r  ural, give LOCATION)  None  3. (b) Social Securit  None  CAL CERTIFICATION	nearest town)
R (b) Name of business	wite Maud	ie R.		21. I CERTIFY that death occurred on t	he date above stated; that I attended do	eceased from
8. AGE: Years	Months 2   1   Pederick	Days 2 Count	Itless than one day hrsml  V Marvland	Immediate cause of death	luer.	DURATION
1D. Usual occupation 11. Industry or busines 第 12. Name	Farmer Sown Farmer Sherma	rm n Cas	tle	Due to		
14. Malden name	Nicie O Frederic	Etz	nty Maryland	Major findings of operations	within 3 months of death)  Date of op	
Address Mour.  17. Buria	i, or removal, Which?)	Date there	R. F. D. #1 2/24/46 (month) (day) (year)	PHYSICIAN: Please underline the case of th	Date ot	ged statistically.
Location	Freder M. R.	ick, Etchi	t Cemetery Maryland son and Son Maryland		c place (where?)	
19. 21 4 al	L 1946	(19	alette J. Hech	23. SIDNATURE Jaure	elle Jud Date sign	D. or other ned Feb 21, y



### CERTIFICATE OF DEATH

			02111111011	Reg. Dist/No	De hater the first	
1. PLACE OF D	EATH: Frede:	rick		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			. Marvland	State Mary land County		
City or town(I	If outside city or town I	imits, write R	Waryland URAL and give nearest town)			
low long In above pia	ace of death? Since	ce T/T	1.5/46			
	or street address where			Street No. 2519 W. Baltimore St.	l	
			Sana to ri um	(If rural, give LOCATION)	./	
	or Institution?Si	nce 1/	15/40	. 2.(a) I1 veteran, name war		
3. (a) FULL NA	ME			3. (b) Social Sect	rity Number	
Be:	rnard A.	Chambe	ers	215-18-	-0889	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	5	Single			
		-		20. DATE OF DEATH February 1 19.1		
6.(b) Name of husba	nd or wife		***************************************	21. I CERTIFY that death occurred on the date above stated; that I atlended		
			r) If alive, give ageyears	January 15 1946 10 Feb.		
7 Right date of	y, yr.) July 6			and thet I last saw himalive onFebruary1	1946	
	ars   Months	Days	11 less than one day	Immediate cause of death		
o. AGE:		26		Pulmonary Tuberculosis		
Υ.		1	hrsmin.	-	3½ Yrs.	
9. Dirthplace	Baltimore	, Mary	land	- XXXX		
		county, and s		Laryngeal Tuberculosis	2 Mos.	
1D. Usual occupallo	PITHE	Ţ		Due to		
11. Industry or busin						
質 12. Name	Ozzey Ch	ambers	3	Other conditions		
			of Maryland			
				(Include pregnancy within 3 months of death)		
14. Malden nam	ne DILLEGO			Major fladings of operations		
15. Birthplace	Bal timo	re, Ma	ary Land	Date of op.		
18. Informant	Decease	d		Antepsy results		
Address				PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.	
n			7.14111	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, cremati	ion, or removal. Which?	Date there	months (day) (year)	Accident, suicide, or homicide	*************************	
Cemetery or crem	2 1	Cal	heds a OG	Where did firjury occur?		
cemetery or crem	Mill.		700000		(State)	
Location		ga	great !	njured at home, farm, Industry, public place (where?)		
18. Funeral director	Ow	7 ou	Pyly 1	Means of Injury Injured at work	7	
Address	2500	trust	108 apr (41)	SD. a Wind		
Audress	1 47		1 1/1/1/2	As Signature J. W. agen	1. D. <b>X</b> EXE <b>9(e)</b> (	
19. 05/	1 19 46		OYUND			
(Date rec'd/by	registrar)		Registrar	Address State Sanatorium, Md. Date si	gned & L. J. H.O.	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01585

### CERTIFICATE OF DEATH

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Reg. Dist.	No	J	0

		The state of the s			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HO) (For newborn infants give res	ME) OF DECEASED:			
County Kemptown	••	County			
(If outside city or town limits, write RURAL and give nearest town)	City or town				
How long in above place of death?					
Hospital, institution, or street address where death occurred:					
		ural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME HARRY	GLAY	3. (b) Social Security Number			
4. Sex 5. Color or race   6.(a)Single, married, widowed, of divorced	MEDIC	AL CERTIFICATION			
m white mayour	20. DATE OF DEATH. Pebri	uary 12, 19 46 at 10:30			
6.(b) Name of husband or wife 2110 CC		e date above stated; that I attended deceased from			
6.(c) If alive, give age	January	19 35 to February 19 46			
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on	February 12, 1946			
8. AGE: Years   Months   Days   If less than one day		MOITARUD			
C-0 11 0 TZ	Hypertension	lo vrs			
80 (1, 12)hrsmi	" Letter Treed el	rteriosclerosis ?			
8. Birlhplace Flower	Dieth				
(Town, county, and state)	Cerebral Thron	nbosis ov. 1945			
D. Usual occupation	Ist attack No	OV. 1940			
11. Industry or business	211d " Fe	eb. 12, 1946			
t2. Name to walk to the state of the state o	· Other conditions				
	(include pregnancy	within 8 months of death)			
14. Maiden name 15. Birthplace 15. Birthplace	Major findings of operations	Hone			
t5. Birtiplace		Date of op.			
16. Informant / Khodia Maley	one				
red.		ase to which death should be charged statistically.			
Address May away 15 141	22. VIOLENCE: If death was due to ex	ternal causes, fill in the tollowing:			
(Eural, cremation, or removed Which?)  Date thereof (month) (duy) (year)		nc Date of			
Alond Toward					
Cemetery or crematory	(City o	r town) (County) (State)			
Location Registation	Injured at home, farm, Industry, public	place (where?)			
18 Francis disease 1 M. M. Suryale	Means of Injury	Injured 2t work?			
18. Funeral director		- un			
Address The Way	23. SIGNATURE 4. W	Kendres (Dane)			
19. Tet. 14 th 19 46 Raymond 4. Day (Date rec'd by registrar) Registra		M. Dorother			
(Date rec'd by registrar) Registrar	Address Damascus. I	laryland Date sign 2/13/46			

RECEIVED MAR 7 1946 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH 01586 2411 N. Charles St., Baltimore (137-0) The correct ag Reg. Diat. No. 13 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Frederick Slate Maryland Carroll Frederick (If outside city or town limits, write RURAL and give nearest town) Taneytown information car ull of death clearly How long in above place of death? 2 weeks (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Frederick City Hospital (If rural, give LOCATION) How long in hospital or institution? \_\_\_\_ 2 weeks 3. (a) FULL NAME 3. (b) Social Security Number ARCHIE 217-07-2229 MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING MALE White Married 6.(b) Name of the barre or wife Annie Kelley Crouse . 6.(c) If allve, give age ...... years deceased (mo., day, yr.) Sept. 3, 1873 Supply If less than one day 8. AGE: Maryland 9. Birthplace..... 10. Usual occupation Sales supervisor 11. Industry or business 12. Name ... Milton D. Crouse Md. 13, Birthplace important (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Ellen C. Harner Major findings of operations/ Md. 16. Informant Frederick City Hospital especial PHYSICIAN: Please underline the cause to which death should be charged statistically. Frederick, Md. Address 22. VIOLENCE: It death was due to external causes, fill in the following; 17 Burial (Burial or removal Which?) Date thereof...February...14,194 Accident, suicide, or homicide..... Where did injury occur? ...... Cemetery or comments Lutheran Cemetery (City or town) Location Taneytown, Md. injured at home, farm, industry, public place (where?) .... Injured at work? Means of Injury 18. Funeral director C.O. Fuss & Son ASE Taneytown .Md. 23 SIGNATURE M. D. or other

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-7)

### CERTIFICATE OF DEATH

			2411 N. Char	les St., Baltimore 93.7	
			CERTIFICA	TE OF DEATH	Reg. Dist. No. 131
(1f out How long in above place of Hospital, institution, or st	ick erick-Ruside city or town lideath?	mits, write R 5 Yeal death occurred	:	(If outside city or town in Harmony Gro	county Frederick  Rural R. F. D. #1  limits, write RURAL and give nearest town)
3. (a) FULL NAME					3. (b) Social Security Number
	ALBERT :		R DELAUTER		None
4. Sex	5. Color or race	6.(a)Single	married, widowed, or diverced		CERTIFICATION
M	W		W	20. DATE OF DEATH Februs	ary 2nd, 19 46 at 1:30
8.(b) Name of husband or  7. Birth date of deceased (mo., day, yr.)	Marrayh		) If alive, give ageyear , 1897	and that I last saw harmalive on	18 46 10 February 2 19.  7 strucy 2 19.  DURA
8. AGE: Years 48	Months 2	Days 4	If iess than one day	Coronary O	celusin 12
1D. Usual occupation 11. Industry or business	Onannta	d Own	erick-Maryland tate) Garage Busine	Due to	
12. Name			nty Maryland		
14. Maiden name.C. 15. Birthplace Fr	narlotte ederick	Count	loover y Maryland	(Incinde pregnancy with	
16. Informant Mr.		JO Tan	/ O I		to which death should be charged statistically.
Punici	r removel. Which?	Date then	2/5/46 (month) (day) (year)		Date of
Cemetery or crematory	Ellert		Cemetery	Where did injury occur?(City or to	
LOGINTION HANNESS				Means of Injury	Injured at work?
18. Funeral director	Frederi		on and Son aryland	23. SIGNATURE Anway	ed W lek M.
19. H- Jel- (Date rec'd by regin	19.X6	(13	izabeth & Heck	Frederick Wa	M. D. or other aryland Date signed 2-4-

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MARGIN RESERVED FOR BINDING

FEB 8 1946 BUREAU V.B. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-8

### CERTIFICATE OF DEATH

01588 Reg. Diat. No. 13

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?  3. (α) FULL NAME	2.(a) If veteran, name war.  3. (b) Social Security Number
Edwin Verillis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH 4 2 2 1 1946 at 40°
8.(b) Name of huckest or wife. Mystie Caste.  7. Birth date of deceased (mo., day, yr.) Warch - 28 - 1862	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from  19.45  19.45  and that I last saw harmalive on 2.46  19.46
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
83 10 23hrsmin.	parenchumotous
9. Birthplace The devil Co, Maryland.  (Town, county, and atate)  10. Usual occupation Detried Banker	Due to the surface the former to the former
11. Industry or business  12. Name  13. Birthplace	Other conditions.
14. Malden name andia Subadua.  15. Birthpiace Wandawd.	(Include pregnancy within 8 months of death)  Major findings of operations
El 15, Birthplace	
Address Suletter Manual	Autopsy results
17. (Burial, cremation, or removal, Which?)  Date thereof Jet - 1 4 1944.  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or seemstery Clark al Lean	Where did injury occur?
Location New New Ludy W.d.	tajured af home, farm, Industry, public place (where?)
18. Funeral director Sowell & Flasher	Means of Injury Injured at work?
Address Hoodsboro Ind	Bollings.
19. 22 Tel 19.46 Elsalette J. Hech (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Address Dedected, Med Date signed 2446

RECEIVED FEB 25 1946

BUREAUTE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

01589 131

					Reg. Dist. No	******		
1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:			
County Frede			***************************************		Frederick	HIT ST		
City or term	ederick outside city or town li	mits, write R	JRAL and give nearest town)					
How long in above place	ce of death?	***************		Olf outside city or town limits,	write RURAL and give ner	arest town)		
Hospital, Institution, o	or street address where ck City H	death occurred	_ 1	Street No. Near Jeffer	son	***************************************		
T. L.edel. T			8.1	(If rural, give LOCATION)				
How long in hospital	or Institution?	) Days	***************************************	2.(a) If veteran, name warNone	***************************************	••••		
3. (a) FULL NAM	ME		17		3. (b) Social Security	Number		
	ANNIE C	LIVIA	4/0	Ly (DOTY)	None			
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CE	RTIFICATION			
F	W		W	2D. DATE OF DEATH Sel 5	19 4G	at 8A		
6.(b) Name of husban	Clau	de P.	Doty	21. I CERTIFY that death occurred on the date above	e stated; that I attemded dece	ased from		
set-) trame of made		8 (*	) If alive, give ageyear	are 20 195	6 , to 14 3	1946		
7. Birth date of	Senter		2, 1869	and that I last saw halive on	44	1946		
deceased (mo., day, 8. AGE: Yea	, 11.7	Days	If less than one day	Immediate sure of death	ala a a	DURATION		
8. AGE: 17		23		Caronary ac	oucur	30 mi		
		1						
9. BirthplaceJO	Tierson,-	Frede	rick-Maryland	Due to.	T.	1090		
	At Hon	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Thy, carde	•			
1D. Usual occupation		**************		Due to	***************************************			
11. Industry or busine	acob Feas	ter		- Stuplio sa	diele e	77/05		
E 12. Name	***************************************	****************	nraland	Other conditions		K. W. N.		
13. Birthplace				(loclude pregrancy within 3 m	onths of deeth)			
14. Maiden name 15. Birthplace	. Sarah H	. Cra	mpton	Major fiediegs of operations				
M 15. Birthplace	Jefferso	on, Ma	ryland		Date of op			
16. Informant Mr	s. Luther	W. R	emsburg	Aotopsy results		***********		
To	fferson,			PHYSICIAN: Please underline the caose to wh	ch death shoold be charged	statistically.		
Buria		· · ·	1 1	22. VIOLENCE: If death was due to external caus	es, fill in the following;			
	on, or removal. Which?	Date there	0f. 2/7/46 (month) (day) (year)	Accident, sulcide, or homicide	Date of			
Cometery or orema	Reform	ned Ce	metery	Where did Injury occur?(City or town)	(Constr)	(State)		
	Jeffer	son.	Maryland	Injured at home, farm, Industry, public place (wh				
Location		***************		Means of Injury	Injured at work?			
18. Funeral director.	IV . IV.	2000111.	son and Son	09	0. 0.	Z/M.D		
Address	Freder	rick,	Maryland	23. SIGNATURE (). Ou	elots K	Jus		
10 6 7.1	10 14 6	93	salette Steels	23. 3100000000	M. D.	or other		
(Date rec'd by	registror)		Registra	Address	, MQ . Date signed.	77/46		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

The correct age

FEB 8 1946
BUREAU V E

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1940

### CERTIFICATE OF DEATH

U	1	5	30	1/4
7 1	Reg	. Di	at. N	 40

1. PLACE OF DEATH: County. Frederick City or town Ladiesburg-rural (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 50 years		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		State Maryland County Frederick
		City or town Ladiesburg- rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:		Street No. none
		(If rural, give LOCATION)
How long In hospital or Institution?		2.(a) If veteran, name war
3. (a) FULL NAME		3. (b) Social Security Number
Minnie El	izabeth Dougherty	1. Arrahenty None.
4. Sex   5. Color or race   6.(a)	Single, married, widowed, or divorced	MEDICAL GERTIFICATION
Female White	Widowed	20. DATE OF DEATH. 42 0 19 46 at 11 17 M
9.(6) Name of husband or wife J. Frank Dougherty.		21. L.CERTIFY that death occurred on the date above stated: that I attended deceased from
		Lun 3 1946, to Feb 20 1946.
7. Birth date of Park Service		and that I last saw h
deceased (mo., day, yr.) February 22, 1865		Immediate cause of death
o. Add.		Caronary Calustall
80 II 2		
9. Sirihplace Lewistown, Frederick Co. Md		Due to De
Datinad		of Theast
Housewiff		Due to.
II. INDUSTRY OF DUSTROSS		
E 12. Name. George Craver		Other conditions
2 13. 91rthplace Lewistown, Md.		(Iuclude pregnency within 3 months of deeth)
14. Malden name Elmira Palmer.  15. Birthplace Frederick Co., Md  Mollie Dougherty.		
15 Birthniace Frederick	Co. Md	Major findings of operations.
18 Interment Mollie Dougherty.		Date of op.
16. Informant		Autopsy results
Address Detour, Md.		22. VIOLENCE: If death was due to external causes, fill in the following;
tiBurial	thereof Feb. 23, I94 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, er removal, Which?)  Cemetery or crematory.  Haugh's Cemetery		
		Where did injury occur? (City or town) (County) (State)
location Near Ladiesburg, Md.		Injured et home, tarm, Industry, public place (where?)
to. Funeral director. M. L. Crea		Means of Injury Injured at work?
Address Thurmont, Md.		as accounting I although
19. Feb 22 1846 L Powell (Date ree'd by registrar)  Registrar		23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Registrar	Address Date signed 2 20-CC



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FEB 5 1946
BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

01592

### CERTIFICATE OF DEATH

139 Reg. Diat. No. ..

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
TAMELA :	state Maryland county Prince George
City or town State Sana to ri um Mary land (If outside city or town limits, write RURAL and give nearest to	Chel ten hem
How long in above place of death? Since 8/26/45	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Maryland Tuberculosis Sanatori	Street No.
How long in hospital or institution? Since 8/26/45	
	2.(a) ff veteran, name war
3.(a) FULL NAME Charles L. Elliott	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION
Male White Separated	2D. DATE DF DEATH February 8 19 46 8:10A
6.(0) Name of Margaret Elliott	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
orto hame desamples services	Augus t 26 19.45 10 Feb. 8 19.46,
7. Birth date of 10/20/1302	and that flast saw him alive on February 8 19 46
7. Birth date of deceased (mo., day, yr.) 10/20/1893	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 14 Mos.
	min.
9. Birthplace Salisbury, Md. (Town, county, and state)	Due to.
(lown, county, and state)	
10. Usual occupation. Truck driver	Due to
11. Industry or business	
≝  <sub>12. Name.</sub> Jerome Elliott	Dther conditions
13. Birthplace Wicomico Co. Md.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Deceased	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
118	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (3)	year) Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location north about Rose 1	(City or town) (County) (State)
Clarence I Stallman	Means of Injury Injured at work?
Address 16 3 9 N Nova 1	900
AUDIESS J.C.	23. SIGNATURE M. D. AZDOX
19. (Date rec'd by registrar)	Registrar Address State Sana torium, Md. Date signed 2/8/46

addition of FEB 9 1946 BURFAREE

### MARYLAND STATE DEPARTMENT OF HEALTH >

2411 N. Charles St., Baltimore 42-24

### CERTIFICATE OF DEATH

	Reg. Dist. 100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For postporn infanta give residence of mother)
County	State Mary land county Truderick
(If outside city or town limits, write RURAL and give nearest town)	+ Fredericks
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred the street address where	Street No. J 65 M GLUND GWO (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Longe & mont sher	V
4. Sex 5. Color or race 6.(d) Single-married, widowed, or diversed	MEDICAL CERTIFICATION
Male Wint Wedvered	20. DATE OF DEATH & FELL 1 6 104 6 11 172 1
8.(b) Name of Russiand or wife oathurm) Fishers	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
n (a) It illustration and	Jeh 8 1946 10 7 ch 15 1946
7. Birth date of deceased (mo., day, yr.)  Oct. [7, 187]	and that I last saw h alive on 19 14 19 14
8. AGE: Years   Months Days   If less than one day	Immediate cause of death DURATION
14 3 28hrsmin.	
9. Birthplace My wavilly Frederick County Mel	Pro la Caronama op
Town, county, and sease,	inteliaral trat-?
10. Usual occupation Rather Farmer	Due to
11. Industry or business	
12. Name. Debuge Fisher.  13. Birthplace Musicaids, Mel	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name China Selantia (14. Maiden name Marmanilla) Md )	Major findings of operations
\$ 15. Birthplace My Swill, Ma	Date of op.
18. Informant Huy Fisher	Autopsy results.
Address 705 Makabell ans. Frederick, Me	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
17 Burial Date thereof FUL 17-1946	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident euleide or homicide
(Burial, commetion, or removal, Which?) (month) (day) (year)	Acceptant Catalog of Management of the Catalog of t
Cemetery or trematory St Johns Constry - Church Hel	Where did injury occur?
Location My Distriction May REPORT	Injured at home, farm, Industry, public place (where?)
18. Funeral director. A gladbill Co.	Means of Injury Injured at work?
Address Monthlaum Mel.	Bothamas
7.617 Justo Elizabete 4 Hacks.	23. SIGNATURE M. D. or other
19	Address Produced Date signed 16446

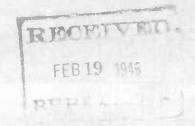
.15 9.45-15M

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE



PLEASE WRITE PLAINLY, is especially

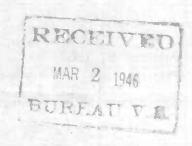
# WIXH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

# CERTIFICATE OF DEATH

	777				
1. PLACE OF DE	ederi ck		2. USUAL RESIDENCE (HOME) O	F DECEASED:	+ /
The A - Lange			(For newborn infants rive residence of mother)  State Man Lands County To Lands		
City or town(If o	outside city or town lir	nits, write RURAL and give nearest town)	1 2 h M 1	nly 72	. 8 0
How long in above place	of death?	years	City or town(If outside city or town limits	, write RURAL and give near	arest town)
Hospital, Institution, or	street address where	lesth occurred:	Street No. Founds	lines ma	/
•••••••		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(If rural, give		••••••••••••••
	Institution?	glara	. 2.(a) If veteran, name war		
3. (a) FULL NAMI	E			3. (b) Social Security	Number
Fowler	, Sister Ma	ary Grace		no	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	Religious			8:445
			20. DATE OF DEATH February 25,		
6.(b) Name of husband	or wife		21. I CERTIFY That death occurred on the date abo	ve stated: that I attended dece	ased trom
7. Birth date ot	***************************************		18.	J. b 10	19.5.4.
deceased (mo., day, y		7, 1862	and that I last saw h		
8. AGE: Years	Months	Days   It less than one day	Immediate cause of death	- Loria	DURATION
83	4	18	Car diac Timo		
9. Birthplace			Busto Chromic Endo	20 - 20 20	· · · · · · · · · · · · · · · · · · ·
9. Birthplace	(Town, e	county, and state)	Due ta Mironie Endo		630
10. Usual occupation	Section of	Charity	7 2 2	. 9 . /	
11. Industry or business			Oue to the true to	1 Dece von	1040
-41	William Fo	owler/	***************************************	***************************************	••••••
12. Name	England		Other conditions		
			(Include pregnancy within 3 m	onths of death)	
14. Maiden name		Turple	Major findings of operations		
2 15. Birthplace	Westminste	er, Maryland	Major madings of operations.		
16 Interment	Sister Rosa	a, Assistant	Autonsy results.		
(		ise, Emmitsburg, Md.	PHYSICIAN: Please underline the cause to whi		
Mantegs			22. VIOLENCE: If death was due to external caus	es, fill in the following:	4
17 Burial (Burial, cremation,	or removal Which?	Date Ihereof February 27, 19 (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory Private Cemetery  Location Central House, Emmitsburg, Md.			Where did Injury occur?(City or town)		
Location Cent	tral nouse,	, churtesburg, Ma.	Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director	Andel	Illison	Means of Injury	Injured at work?	
Address	17	luna Md.	2.	10.1	-
- 1	1 C	I mare la	23. SIGNATURE Larro	Buy	~ A
19 Freb a	-1- 19 46	1110/ Shift	The said	21. D. c	2/25/46
Thate rec d by reg	ISTER!	Haris far	Address	Police Bala slaved C	1201 7 0



THE REPORT OF THE PARTY OF

# CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (22)

01595

	Reg. Dist. No	***************************************
1. PLACE OF DEATH: 7 redenile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. J. Selevello	State Manyland County of recher	A.S.
(If outside city or town limits, write RURAL and give nearest town)	(If outside city of town limits, write RURAL and give nearest	town)
How long In above place of death?	streel No. Cactoclin France	. 80
- Trederick City Hospila	(If rural, give LOCATION)	
How long in hospital or institution? 5 days	2.(a) If veteran, name war	•••••
3. (a) FULL NAME 2/	3. (b) Social Security Num	ber
Narry W. Fral	ey mul	
4. Sex Male 5. Color or race (a) Single; married, widowed, or divorced	MEDICAL CERTIFICATION	)-17
war war married	20. DATE OF DEATH	- 41
6.(b) Name of wife or wife Conne C. Shafee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased to	19. X. 4.
6.(c) It alive, give ege / 2 years	and that I last saw h 1223 live on Feb 4	V /
deceased (mo., day, yr.) tel 20, 1872	Immediate cause of death	OURATION
B. AGE: Years Months Days If less than one day	1,	
73 11 13hrs. min.	Maemia	
Birthplace W Thursmont fred Co Mil	Due to	3 09
(Town, county, and state)		
10. Usual occupation.	Due to	
Transity of duality	Other conditions I shire was how here	
12. Kame ames H. I raley 13. Birtiplace Lundhul	Silici Collections Springs	****************
	(Include pregnancy within 3 months of death)	
14. Malden name S cuch Weller  15. Birihplace Lewistom Med	Major findings of operations. Stage Sulve New 2	-8 - ¥
10 01 E. O.	Date of op.	
6. Informant Donald Trailing	Autopsy results	tically.
Address (humont that	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, exemption, or removal, Which?)  Date thereof 7 th 3, (946.)  (month) (day) (year)	Accident, suicide, or homicide	**************
Cometery or overstown M. I-	Where did injury occur?	ate)
Location Lewistown my	Injured at home, farm, industry, public place (where?)	•••••
Dra & Crease / + S-	Meens of Injury Injured at work?	
18. Funeral director VI	Ep of much	
Address / Mirmont , Mil	23. SIGNATURE M. D. or ot	her
19. 3 - Jet 19. 46 Chabells 7: The all. (Date rec'd by registrar) Registrar	Address tederut till Date signed	1 111
(Date to a v) . Date.		

A15 SA ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF. is especially important.

PLEASE

FOR BINDING

MARGIN RESERVED

FEB 8 1946
BUREAU VIE.

1. PLACE OF DEATH:

# ADING INIX. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

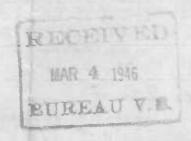
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

# CERTIFICATE OF DEATH

City or town	Siate County County
How long in above place of death?	Cliy or town(If outside city or town limit, write RURAL and give nesrest town)
501 Burne St.	Street No. 353 West Succe 57
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Minnie alice 7 m	and 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  2D. DATE OF DEATH.
6.(b) Name of husband or wife. E. g. Frank	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Pet. 18 155	and that I last saw h
8. AGE: Years Months Days If less than one day  8. AGE: Years Months Days If less than one day  10hrs. min.	Many the state of the
9. Birthplace	Due to
1D. Usual occupation. Rouseuff	Due to
11. Industry or business	Other conditions
13. Birthplace  H 14. Malden name	(Include pregnancy within 3 months of death)
S 15. Birthniace	Major findings of operations
18. Informant Mrs Wills	Autopsy results
Address Summer May 3 1944	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which)  Cemetery or crematory  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location Hunsionburg 1/2	Injured at home, farm, industry, public place (where?)
18. Funeral director Les No. Fulls V. Jack	Mcauc or minit
Address Burnet Md.	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed Date signed



carefully.

information carefully of death clearly and

every item of ite the causes

ADING INK. Supply Physicians: please wr

important.

PLAINLY, vis especially

WRITE

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(For newborn intents give residence of mother)	*
State County County	ernela
4.9	0
City or town.	Richard
(If outside city or town limits, write RURAL and g	ive nearest town)
Street No.	
(If rural, give LOCATION)	*******************

3. (a) FULL NAME

How long in hospital or institution?

1. PLACE OF DEATH:

How long in above place of death?..... Hospital, Institution, or street address where death occurred:

Male

(If outside city or town limits, write RURAL and give nearest to

7. Birth date of deceased (mo., day, yr.) 8. AGE:

9. Birthplace...

10. Usual occupation.

11. Industry or business

12. Name...... 13. Birthplace 14. Malden name. 15. Birthplace

Address

Address

Registrar

2.(a) tf veteran, name war...... 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DUBATION "(Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide.....

Where did injury occur? .....(City or town) (County)

Means of Injury Injured at work?

Injured at home, farm, Industry, public place (where?) .....

Andrew Commencer and the second secon

RECEIVE

BUREAUTE

MAR 2 1946

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
COUNTY	State Maryland County		
City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? Since 4/26/45	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	822 M Futow Ct		
Maryland Tuberculosis Sanatorium	Street No. (If rural, give LOCATION)		
How long in hospital or instiluiion? Since 4/26/45	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Cyril E. Guy			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male   White   Single	20. DATE DE DEATH February 27 19 46 at 6:35A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	April 26 19.45, to Feb. 27 19.46		
7 Right date of	end that I last saw h im alive on February 27 19 46		
deceased (mo., day, yr.) March 22, 1908	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 18 Mos.		
37 11 5hrsmln.			
9. Birthplace	Due to		
9. Birthplace	oue (u		
10. Usual occupation. Seaman			
	Due to		
11. Industry or business William H. Guy	-		
12. Rame William H. Guy 13. Birthplace England	Diher conditions		
	(Inclode pregnancy within 3 months of death)		
14. Malden name Doreen ?  15. Birtholace France	Majur findings of operations.		
\$ 15. Birthplace France	- Date of op.		
16. Informant Deceased	Autopsy results.		
Λ	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
17	Accident, suicide, or homicide		
(Burfal, cremation, or removal, Which?) month (day) (year)			
Cemetery or crematory	Where did injury occur? (City or town) (Coonty) (State)		
Location Frederick Co. M.L.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. L. Creager & Son	Meens of Injury Injured at work?		
Address Thurmont, Maryland			
1/2/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	23. SIGNATURE		
19. ————————————————————————————————————	State Sane torium Md 2/27/16		
(Pute rec'd by registrar) Registrar	Address State Sana torium, Md. Date signed 2/27/46		

RECUIVEL MAR 2 1986 BUREAU X 2 1

**VS A15** 

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01599

# CERTIFICATE OF DEATH

1. PLACE OF DE	EATH: Freder	ick	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Frederick  City or town State Sana torium, Mary land  (If outside city or town limits, write RURAL and give nearest town)			state Maryland County		
(If outside city or town limits, write RURAL and give nearest town)  Row long in above place of death?			City or town Baltimore (If outside city or town limits,		•••••
How long in above plac Hospital, institution, o	r street address where (	leath occurred:	511 E. Hel Vede	re Ave.	esrest town)
Maryland	Tubercu	leath occurred: losis Sanatorium	Street No. (If rural, give I	LOCATION)	
		se 2/15/46	2.(a) If veteran, name war		V
3.(a) FULL NAM				3. (b) Social Security	
	er Scott			220-09-6	722
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	Widower	20. GATE OF DEATH. February 1	6 19 46	12:05A
6 (h) Name of husband	or wife		21. I CERTIFY that death occurred on the date above	o stated; that I attended dec	eased from
			February 15 19 4	6 to Feb. 1	6 19.46
7. Birth date of deceased (mo., day,	77/11	7/1890	and thet I last saw h.imallve on Fet	ruary 16	19.46
8. AGE: Year		Days   If less than one day	Pulmonary Tubercu	il nei e	About 3
5	5 7	Ohrsmin		LUSIS	months
9. Birihplace	Philadelp	hia, Pa.	XXXX	***************************************	***************************************
(Town, county, and state)			Tuberculous Menir	igi tis	4 days
10. Usual occupation. Painter			Due to		
ff. Industry or busine:	Arthur S.	Hai nes			***
E 12. mame	Marylan	***************************************	Other conditions		**
		Lezendel 1	(Include pregnancy within 8 me	onths of death)	
14. Malden name.	***************************************	***************************************	Major findings of operations		
	Marylan		_	Date ot op	
16. Intermant Rec	cords of	Mercy Hospital	Autopsy results		
Addres	Baltimo	re, Maryland	PHYSICIAN: Please nuderline the cause to white		statistically.
17 Crem	Y. (A. P. Anoval. Which?)	Date the paper 11/1/16	22. VIOLENCE: If death was due to external cause  Accident, suicide, or homicide		
		(month) (year)			
Cemetery or crematory Court De Court Court			Where did injury occur?		
Location			Injured at home, farm, industry, public place (whe	tnjured at work?	
18. Funeral director		eager & Son	Means of Injury	unjured at work?	
Address	Thurmont	, Maryland	- Y. M. Lu	^~	
10 2/16	10 46	NILLE		M. D.	
(Date rec'd by re	19	Registra	AddressState Sana torium	1. Md. Date signed	2/22/46

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VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vitat Statistics, Baltimore

Reg. Dist. No. 14 45 Q

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County Tantes	(a) State Md. (b) County Frederick
(b) City or town (If outside city or town limits, write RURAL and give town)	(c) City or town Hoodshors, Ind.
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give town)
(d) I	(d) Street No(If rural give location)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	
	(e) If foreign born, how long in U. S. A.?years
3 (a) FULL NAME (Slignar, Educated	Hoffman
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION
No.	20. Date of death 7 22 1946, at 9'40 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend-
male While divorced married	ed deceased from 7 4 17 19 46, to 7 4 22 19 4 6
6 (b) Name of husband or wite Siller H. Hugara	and that I last saw him alive on
6. (c) If alive, give age 6 9 years	Immediate cause of death Duration
1 7	Hertrany Sado Dosculos
7. Birth date of deceased (mo., day, yr.)	Rawl distone
8. AGE: Years Months Days I f less than one day	Due to
87 J  hrmin.	Due to
9. Birthplace (Town, county, and state)	17: 0:5
10. Usual occupation Coach Painter	Other conditions Franchitis Genty
11. Industry or business	(Include pregnancy within 8 months of death)  Major findings:  Violating 4 bo
12. Name John H. Hoffman	Of operations Underline the
13. Birthplace Adams Co. Pa.	death should be
14. Maiden Name anna Inasia adams	Of autopsycharged statistically.
15. Birthplace Janny, Co. Pa.	22. If death was due to external causes, fill in the following:
7. 01 m C 11 11	(a) Accident, suicide, or homicide
(b) Address frondstores Md.	(b) Date of occurrence
500101	(c) Where did injury occur?(City or town) (County) (State)
(Burial, cremation, or removal) (b) Date thereoft (month) (day) (year)	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or exemutory	place?While at work?
Location Libertylown	(Specify type of place)
18 (a) Funeral director Course Washley	() 00 PC to
(b) Address All was min	23. Signature M.D. or other
19 (a) 2/21-46 (b) Z Coverll (Date rec'd by feeistrar)  Recistrar	Address Pollow in 1 VAD Date signed 2 1/2 20



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

			1	3	٦	
_	Dies	NI.	who	0	-	

	TE OF DEATH  Reg. Dist. No. 131	
1. PLACE OF DEATH:  County Frederick  City or the Frederick  City or town limits, write RURAL and give nearest town)  How long in above place of death?  Years  Hospital, institution, or street address where death occurred:  11 McMurray Street  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Frederick  (If outside city or town limits, write RURAL end give nearest town)  Streel No. 11 McMurray Street  (If rural, give LOCATION)  NOTE  2.(a) If veteran, name war.	
3.(a) FULL NAME  JOHN WILLIAM JESSE KING	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, marries, wildowed, or diversed	MEDICAL CERTIFICATION	
M W M	20. DATE DE DEATH February 22, 19 46 21 1:50 F	
6.(b) Name of buckers or wife Matilda C. Keller  8.(c) If alive, give age year  7. Birth date of deceased (mo., day, yr.)  August 9, 1866	and that I last saw h. A	
8. AGE: Years Months Days If less than one day 79 6 13hrsmir	Immediate cause of Geath  BURATTON  BURATTON  BURATTON  BURATTON  BURATTON  BURATTON	
9. 8 Irthplace Nr. Jefferson-Frederick-Maryla (Town, county, and state)  1D. Usuat occupation Retired Farmer  11. Industry or business	Due to	
12. Name Jesse W. King  13. Birthplace Frederick County Maryland	Other conditions	
14. Maiden name Ann Fulmer  15. Birthplace Frederick County Maryland	(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant Mrs. Charles F. Cook  Address 11 McMurray St., Frederick, Md.	Antopsy results	
Burial Burial Date thereof 2/25/46 (Burial eremetter, St. Pauls Lutheran Cemeter	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Jefferson, Maryland	Injured af home, farm, industry, public place (where?)  Means of injury  Injured af work?	
18. Funerat director M. R. Etchison and Son Address Frederick, Maryland	I. N - Ne da - N. D	

VS A15

MARGIN RESERVED FOR BINDING

RECEIVED | FEB 25 1946 BUREAU V.S.

# MARGIN RESERVED FOR BINDING

# VS A15

(Date rec'd by registrar)

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

01602

Date signed 2-11-46

				CERTI	FICAT	TE OF DEATH Reg. Diat. No. 131
1. PLACE OF DEATH:  County. Frederick  City or insert Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Life  Hospital, Institution, or street address where death occurred:  307 West Patrick Street  How long in hospital or institution?					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 307 West Patrick Street  (If rnral, give LOCATION)  2.(a) If veteran, name war. None	
3. (a) FULL N	NAME				-	3. (b) Social Security Number
		BERNAH	RD LEG	DNARD KREH		None
4. Sex	5.	Color or race	6.(a)Sies	ler married, widowed, or divol	ced	MEDICAL CERTIFICATION
M	1	N		M		20. DATE DE DEATH Pebruary 11th 1946 , at 7:30
8.(b) Name of husband-or wife. Virgie M. Munshower  5.(c) It alive, give age 55 years  7. Birth date of decreased (mg day yr.) June 18, 1887				c) tt alive, give age 55	years	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  19. 7 to 7 19. 7
deceased (mo.,	Years	Months	Days	It less than one day		Immediate cause of death
0. 2104.	58	7	23	hrs.	min.	Chaland Human Lang & Sag
9. Birthplace Frederick - Frederick - Maryland (Town, county, and state)  10. Usual occupation Stone Mason  11. Industry or business					•••••	Due to
				2h		Dther conditions
13. Birthplace Frederick County Maryland  14. Maiden name Ada May Stull  15. Birthplace Frederick County Maryland				1		(Include pregnancy within 3 months of death)  Major findings of operations
						Date of op.
16. Informant Mrs. Virgie M. Kreh						PUVSICIAN. Places underline the cause to which death should be charged statistically.
Address 307 W. Patrick St., Frederick, M.  Burial (Burial, commatten, command, Which)  Cemetery or promote. Mount Olivet Cemetery  Frederick, Maryland				cent 2/13/46 (month) (day) Cemetery	On THOSE He doubt was due to external square. All le the following:	
Location						Meens of Injury Injured at work?
18. Funeral direc	G10[		***************************************	son and Son	1	
10 11 - Tel 1046 Elizabeth J. Heck.					23. SIGNATURE M. D. or other	

Registrar

Address Frederick, Maryland

FEB 12 1946 BURLEAU V S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death elecaty and legibly.

MARGIN RESERVED FOR BINDING

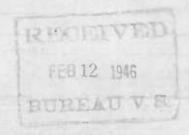
# VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5/-

01603

CERTIFICAT	E OF DEATH Reg. Dist. No. 101
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State Maryland county Frederick
City or town. [If oneside city or town limits, write RURAL and give nearest town)	Frederick
How long in above place of death?	City or tage (17 outside city or town limits, write RURAL and give nearest town)
300 Dill Avenue	Street No. 300 Dill Avenue
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ALBERT THEADORE MARTZ	None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W W	20, DATE OF DEATH February 10, 1946 at 2:30P.M
6.(6) Name of heetand or wife Emma E. Holtz	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
R (a) If alive give are years	Jan. 15 19 46, to J'st. 10 18 46
7. 6irth date of deceased (mo., day, yr.) June 24, 1853	end that Ost saw harm alive on Fill DURATION
8. AGE: Years   Months   Days   If less than one day	Immediate case of death DUNATION 2 Years
92 7 14hrsmin.	Hemonhoge
9. Birthplace Bloomfield-Frederick-Maryland	Due to
(Town, county, and state)  10. Usual occupation	
	Due to
11. Industry or business  El. David S. Martz	Ditter conditions Differs Seferiore 10 years
12. Name. David S. Martz  13. Birthplace Frederick County Maryland	
	(Include pregnancy within 3 months of death)
	Major findings of operations
	Date of op.
16. Informant Miss Amie W. Martz	Antopay results
Address 300 Dill Ave., Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremetion, or removal, Which)  Date thereof 2/13/46 (month) (day) (year)	Accident, suicide, or homicide
Cometery or comments Nount Clivet Cemetery	Where did injury occur?
Frederick, Maryland	Injured at home, farm, industry, public place (where?)
M. R. Etchison and Son	Meens of Injury Injured at work?
Tiles of one in the state of th	guton as 1 :- 1
1. V 12 . CO. 1 Ac V. 11. 1	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	The 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1



FEB 23 1946

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of infornation carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

# CERTIFICATE OF DEATH

Red 1605 13 1

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Ma County Fredamily
(If outside city or tows limits, write KUKAL and give hearest town)	(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
731 Noch market of	Street No
	2.(a) If veteran, name war.
How long In hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Jannie Virginia Harlin	g Miller mone
4. Sex 5. Color or race 6.(a) Singlet married, widowed, or diversed.	MEDICAL CERTIFICATION
le le white married	20. DATE OF DEATH Fel. 22 19.46 21.12.45 FM
124 12:00	
8.(b) Name of husband or with I Marshal Miller	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept 20 1862	and that I last saw h alive on 19.44
8. AGE: Years   Month's   Days   If less than one day	Immediate cause of death
o. Aul.	A A A
83 3 2hrsmin.	Trys cartial ouriffe forming Line
9. Birthplace Washing long O. 6.	Due to/
9. Birthplace	
10. Usual occupation	Due to Anterio e dentre Gent 1 yr
11. Industry or business	Ohene.
12. Name. Dr. Coharles Harling  13. Birthplace Detrold, Germany	Other conditions
13. Birthplace Detrield. Jeans	
	(Include pregnancy within 3 months of death)
14. Malden name Matilda Sural 15. Birthplace Frederich long Ya	Major findings of operations.
= 15. Birthplace Fredericks long, Ya	Oate of op.
16. Informant Virginia Miller	Antopsy results.
Address (131 n. market St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B-125/41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cyamation, or removal, Whicha)  (Burial, cyamation, or removal, Whicha)	Accident, suicide, or homicide
net Oliver	Where did injury occur?
Cemetery or exematory.	
Location Suddences Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harry & Courty Cour	Meens of Injury Injured at work?
1 1 1.1 mld	a a + 9 mg
Address Fradehus	23. SIONATURE . Justin Justin
1024- Leb 1046 Elisabeth 4 Heck	M.D. or other
(Date rec'd by registrar) Registrar	Address Date signed 13/9/4

FEB 28 1946
BURLAU V.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. State Sana to rium, Maryland  (If outside city or sown limits, write BURAL and give nearest town)  How long in above place of death? Since 7/30/45	State Mary Land County County		
(If outside,city or town limits, write BURAL and give nearest town)			
How long in above place of death? SINC 8 //30/45	(If outside city or town limits, write KUKAL and give ne	earest town)	
Maryland Tuberculosis Sanatorium	Street No. 924 Light St.	***************************************	
Gine 0 7/20 /15	(If rural, give LOCATION)		
How long In hospital or Institution? Since 7/30/45	2.(a) If veteran, name war	V.	
3. (a) FULL NAME	3. (b) Social Security	Number	
George Miller	212-05-73	20	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D. BATE OF DEATH February 11 19 46	9:30A	
B.(b) Name of Markov Note Laura V. Miller	21. I CERTIFY that death occurred on the date above stated; that t ettended dec		
5. (c) If alive, give age years	July 30 19 45 10 Feb. 1		
7. Birth date of deceased (me., day, yr.) 5/15/1908	and that I last saw h im alive on February 11	1940.	
deceased (mo., day, yr.) // 1/ 1700  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DURATION	
37 8 27hrsmin.	Pulmonary Tuberculosis	3½ Yrs.	
9. Birthplace Baltimore, Md.	XXXX	***************************************	
(Town, county, and state)	Pulmonary hemorrhage Few		
1D. Usual occupation Shipyard Guard	Due to.	minutes	
11. Industry or business			
質 12 Name George G. Miller	Other conditions		
E 12. Name George G. Miller ?			
量 14. Malden name Clara ?	(Include pregnancy within 3 months of death)		
14. Malden name Clara ?	Major findings of operations		
	Date of op		
18. Informant Deceased	Autopsy results		
Address Mikure	PHYSICIAN: Please nuderline the cause to which death should be charged	statistically.	
17. Burial Date thereof Lat 14, 1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or year val. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of		
Cemetery of crematory Thurs Cedar Hie	Where did injury occur?	(Chata)	
Compadia Black. O. O. T. C. n	Injured et home, farm, Industry, public place (where?)		
Location		(20.00.00.00.00.00.00.00.00.00.00.00.00.0	
18. Funeral director M. L. Creager & Spar	Means of Injury Injured at work?		
Address The ermout me by	Y. B. N.		
21/1/1/ C.WM	23. SIGNATURE M. D.	¥XX.	
19. (Dato rec'd by registrar) Registrar			
(Date rec d by registrar) Registrar	Address Date signed	. Res / who who . f Ref . W	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECOUNTED:
FEB 12 1946
BUREAU V S.

VS A15

The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)
County	State Markeed County Telescole
(If outside city or town limits, write RURAL and give nearest town)	men. I. D.
How long in above place of death?	(If outside city or town limits, write RUPAL and givn nearest town)
Hospital, Institution, or street address where death occurrent	Street No.
Mery les Arfeld	(If rural, givn LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war Trone
3. (a) FULL NAME	3. (b) Social Security Number
or y also original	none
4. Sex 5. Color or ace 6(b) Single, married, state ad, or directed	MEDICAL CERTIFICATION / 30
male crosed mugle	20. DATE DE DEATH TECRUSER 6, 19 46 at 6 A
	21. I CERTIFY that death occurred on the date above stated; that I attended peceased from
6.(b) Name of husband or wife	Janley 26 1946 19 8el, 6, 1946
7. Birth date of	and that I last saw before alive on Televise 6, 19 4
deceased (mo., day, yr.)	Sammediate cause of death
8. AGE: Years   Months   Days   It less than one day	Nephritis, Chronic 54?
65	
· Richaiges Carrel Co. Maryland.	Due to.
(Town county, and auth)	
10. Usual occupation.	Due to.
11. Industry or business	
= 12 Name Harry Olyers	Diher conditions Prostatic hypertrophy Zy
\$ 13. Birthplace Carroll & Marylacol	
14. Maiden name Callesel - ?	(Include pregnancy within 3 months of death)
14. Malden name Callesel - ?  15. Birthplace Carroll Co, Ind.	Major findings of operations
0	- Date of op.
16. Intermant Records Emergency Hospital	Antopsy results
Address Frederick - mid.	
Burial Bate thereof 2-8-1946	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, commenter) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or erematury	Where did injury occur?
Location West of Frederick Ind.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director C. E. Cline & Son	Means of Injury Injured at work?
2 - 10 . 6 2 . 0	R. IN
Address Frederick And.	23. SIGNATURE Dermand flumas Jr.
10 7 Leb 1046 Elizabeth & Hech	. Froderick That M. B. or other 7.194
(Date rec'd by registrar) Registrar	Address Date signed 7 47

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FEB 9 1946
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# age The

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01608

# CERTIFICATE OF DEATH

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  City or town (If outside city or town limits, write AURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Finale White Wholevel  6.(b) Name of husband or wife	MEDICAL CERTIFICATION  2D. DAYE DF DEATH	

VS A15

MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (78-A)

# CERTIFICATE OF DEATH

0				1	12	-1	
43	1	R	0	0			

	Acg. Dist. 110		
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Manual and		
7779-1			
City or tesses. (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Frederick		
How long in above place of death? Lifetime	Lewistown  (If outside city or town limits, write RURAL and give nesrest town)		
Hospital, Institution, or street address where death occurred:			
Frederick City Hospital	Street No		
How long in hospital or institution? 1 day			
3. (a) FULL NAME			
MARGARET KATHERINE PERRY	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	2D. DATE DF DEATH Feb. 17th. 1946 3t7:15P. M		
6.(b) Name of husband or wife. Henry Clay Perry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e (a) Malling al	3: A. 17 19 46, to Fe et 18 19 46.		
7. 8irth date of	and that flast saw h. A. 22 alive on J. L.L. 1.8 19 The		
deceased (mo., day, yr.) September 17- 1862  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
	prylig X talian 28 hour		
83 3 0hrsmin.			
9. Birthplace Frederick County Maryland	Que to gas lealing from		
(Town, county, and state)	cleek & A Principles		
1D. Usual occupation. Housekeeper			
11. Industry or business	Due to		
	-		
12. Name George Mehrling 13. Birthplace Germany	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name. Barbara Englebrecht  15. Birthplace Germany	Major fiudiugs of operations		
15. Birthplace Germany	major namings of operances.  Date of on.		
16. Informant Georgeand Harry Perry	Aotopsy results		
Address Lewistown and Gaithersburg, Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
17. Burial Date thereof Feb. 20-1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or orematury Mount Olivet Cemetery	Where did injury occur? (City or town) (Coonty) (State)		
Location Frederick, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director			
Address Frederick, Md.	Means of Injury Some DEPUTY MEDICAL EXAMINED		
194.1 CP: 1. 40 411.1	23. SIGNATURE M. D. or other		
19. 19. (Date rec'd by registrar) Registrar			
registrar	Address Tudad Date signed 2.79.46		

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37)



# CERTIFICATE OF DEATH

Reg. Dist. No. 437

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State A Add And County Manager County
(If outside city or town limits, write RURAL and give nearest town)	2 00 1
How long in above place of death? 3 2nonths	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION
male Cols Widowy	20. DATE OF DEATH. Jeb. 13 19 46 31 5:00 P
6.(b) Name of the brand or wife Allie May Dalls	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A 1	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of 7. 2. 1 5. 2. 3	and that I last saw h). Mr. aftre on Feb. 13 19.46
deceased (mo., day, yr.)   A   A   B   B   B   B   B   B   B   B	Immediate cause of death OURATION
62 8 27hrs	In. Cerebral hemorrhage / Lowr
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation of after	Que to
11. Industry or business arm	
12. Name Sub Olts  13. Birthplace Trus Ship may	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Lukenous	Major findings of operations
14. Maiden name Lankmour  15. Birthplace	Date of op.
Piggs	Antopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of ams valle my	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, ocematica, or remagal, Whichi) Date thereof, (month) (day) (year)	Accident, suicide, or homicide
To White West	Where did injury occur?
Cemetery or crowd to 1	
Location Al Dutt That 5 had	Injured at home, farm, Industry, public place (where?)
1B. Funeral director Sory W. Barlin	Means of Injury Injured at work?
Address Lauttonsville my	- 23 SIGNATURE / Bernard Minos Ja. M. O.
19. 15 Jelk 19. 4. 6 Elizabeth Y. Heck (Date rec'd by registrar)  Registr	Asst. Deputy Medical Employer



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

01611 Reg. Dist. No. 131

I. PLACE OF DEATH: County Frederick City or town Frederick (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospital, institution, or street address where death occurred: 24-A West All Saint Street How long in hospital or institution?  3. (a) FULL NAME				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State. Maryland County Frederick  City or tame Frederick  (If outside city or town limits, write RURAL and give nearest town)  Streel No. 24-A West All Saint Street  (If rural, give LOCATION)  None  3. (b) Social Security Number	
			A PROCTOR	None	
4. Sex	5. Color or race	6.(a)Singl	a, married, widowed, or divorced	MEDICAL CERTIFICATION  February 20th 1946 31 7 A	
7. Birth date of	Non	ენ. (	) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Yea	, , , , ,	Days	If less than one day	Immediate cause of dyath	
o. Adu.	3	25	hrsmin	(mon eno?)	
10. Usual occupation  11. Industry or busing  12. Name	Infan hn A. Jo: Frederic	nes k Cour	ck-Maryland tate)  ty Maryland	Other conditions	
			r ity Maryland	Major findings of operations	
	Velyn Pr		St.,Fred'k, Mo	Autopsy results	
17. Buria (Burial, crematic	l on, or removal. Which story Fairvi	Date ther	eof 2/22/46 (month) (day) (year) etery	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location			aryland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. M. R. Etchison and Son  Address Frederick, Maryland  19.21-Jeb 19.46 Elizabeth Tittech:				Means of injury  Race Deputy Medical Examiner  23. SIGNATURE	

RECHIVED FER23 1946 BURLAUT

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 93-20 CERTIFICATE OF DEATH

016123 | Reg. Diat. No. 23 |

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Frederick	************		
City or team Frederick (If outside city or town limits, write RURAL and give nearest town	Stale Maryland county Frederick		
How long in above place of death? Lifetime	City or term. Frederick (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	JOO Fort County Charact		
Frederick City Hospital	Streel No		
How long in hospital or instillution? 6 Months			
3. (a) FULL NAME			
3. (a) FOLL NAME	3. (b) Social Security Number		
S. KATHARINE QUYNN	None		
4. Sex 5. Color or race 6.(a) Single, mazziod, widowed, or divorced	MEDICAL CERTIFICATION		
Female   White   Single	20. DATE OF DEATH February 16 19 46 216:15 A.		
6.(b) Name of husband or wife			
T. 6 irth date of	years ad the last saw h		
deceased (mo., day, yr.)			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
88hrs.	min. Myo cartiel traffic com		
9. Birlhplace Frederick Maryland (Town, county, and state)	Due to		
10. Usual occupation Retired Housekeeper	Musica / curves desir		
10. Usual occupation	Due to		
11. industry or business	- Temision agreemen		
里 12. Name Allen G. Quynn	Diher conditions Testing of they (old)		
12. Name. Allen G. Quynn.  13. Birthplace Annapolis, Maryland			
14. Malden name Harriett Hauer 15. Birthplace Frederick, Maryland 16. Informant John Ed Schell	(Include pregnancy within 8 months of death)		
E 14. majuri name	Major findings of operations.		
15. Birthplace Frederick, Maryland	Date of op.		
16. Informant John Ed Schell	Autopsy results.		
Address Frederick, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
,	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Dale thereof February 18. (Burial, overmetica, ex suscept Whitehi)	Pacident, suicide, or homicide		
Cemetery or Mount Olivet Cemetery			
Location Frederick Maryland			
18. Funeral director C. E. Cline & Son			
Address 8 East Patrick St., Frederick, Md	(1 (1 + Time MD.		
	23. SIGNATURE M. D. or other		
19. 18 Delrum 1946 Elizabeth J. He	egistrar Address Trelevis Md . Date signed 2/18/46		

FER 19 1946 BURLAU V.S.

# PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED

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PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

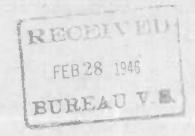
2411 N. Charles St., Baltimore Black

01613

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:						2. USUAL RESIDER	NCE (HOME) Of	DECEASED:	
County Frederick						State Maryla:	nd cour	y Frederic	5
Off, or to Prederick-Rural R. F. D. #4 (If outside city or town limits, write RURAL and give nearest town)					rest town)			ral R. F. I write RURAL and give n	
How long in above place of dealh?					***************************************	(If out	side city or town limits	, write RURAL and give n	earest town)
Nea:	r Fea	gavill	.e			Street No. 1982	(If rural, give	lle	
How long in h	ospital or ins	titution?			***************************************	2.(a) If veteran, name wa			
3. (a) FULL NAME								3. (b) Social Security	y Number
		ELI CH	ARLES I	RENN				None	
4. Sex	5.	Color or race	6.(a)Single	married, <del>widowed, or</del>	divorced		MEDICAL CE	RTIFICATION	
M		TRY		M		20. DATE OF DEATH	February	24th 1946	. 8:30A
6 (b) Name of	husbandenr	Ada	G. Eas	sterday		21. I CERTIFY that death	occurred on the date above	re stated; that I attended dec	ceased from
01(0) 112,110 01			. f. (c)	If alive, give age	76 years			46 Feb. 2	
7. Birth date o deceased (n	f no day yr)	Novem	ber 25,	1860				uary 23d,	
8. AGE:	Yeare	Months	Days	If less than one d	ау	Endocardi	tis - chr	onic	DURATION
	85	2	29	hrs.	min.	**************************		ub acute	l week
O Bi-thuises	Ir. F	eagavi	lle-Fre	ederick-	-Marylan			renal dis	
3. Birtipiaco.		(Town	, connty, and sta	ate)	6,	Y		***************************************	
10. Usual occ	upation	Farme		***************************************		Due to Genera	l senilit	y	number
11. Industry o		- TT D					***************************************		of year
	373			y Marvl		Other conditions		***************************************	***
13. Births	1200			V		(Includ	e pregnancy within 3 m	nonths of death)	
HA. Maide				ıse		Major findings of opera	tions		
≥ 15. Birthi	11800			y Maryl		•••••		Date of op	
1B. informant								ich death should be charge	
Address	Fre	derick		R. F. D.			h was due to external caus		a statute with
17 Bul	rial	removal. Which	Dale thereo	2/27/ (month) (d	46			Date of	
(Burial, ci	emation, os	Mount	Olivet	Cemete	lay) (year)			(County)	
Cemetery of	-erematery	Frede	rick. N	lary land	······································			(County)	
		7 T)				Maans of Injury	idustry, public piaco (wi	Injured at work?	
1B. Funeral d				on and	***************************************		ment	16	METERS.
Address		Frede:	rick, N	laryland		23. SIGNATURE	67/1	course	1. D.
19. 2 47	Tel	19 ¥ Se	23	saluth	J. Hech.	Freder	C. H. CO	nley, M. Dy	
(Date rec	d by regist	rar)		1	Registrar	Address FIEGE	TOK, MRI	Land Date signet	2-25-46



2411 N. Charles St., Baltimore 940

# CEPTIFICATE OF DEATH

01614

131

			CLIC	IIIICAI	E OI DEA		Reg. Diet. No.		
1. PLACE OF DE County. Free City or the Free City or the City or t	ederick outside city or town in of death?	Years leath occurrent Stre	i et		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infauts give residence of mother)  State Maryland County Frederick  City or last Prederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  (If rural, give LOCATION)  None				
3. (a) FULL NAMI	E		OXLEY RI	N=1	a.(w) ii votorbii, iiamo i		3. (b) Social Secur	ity Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, <del>widowed, or</del>	divorced		MEDICAL CE	RTIFICATION	- 100	
F	W		I		20. DATE OF DEATH	February	28th, 1940	3 2:30P	
			c) If alive, give age		and that I last saw h.E.	th occurred on the date abov  2.8 19.5  X alive on Fellowath COXONOX	16 to Feb 2	28 - 19 4 ! 19 4 !	
8. AGE: Years		Bays	If less than one di	ay					
70	0 7	6	hrs.	mln.				2 2245	
9. BirthplaceBa.  10. Usual occupation  11. Industry or busines	At Home	<u> </u>	Land state)		Due to	276118			
12. NameJO		Balt	imore, Ma	aryland				***************************************	
	Sarah (la					de pregnancy within 3 m			
14. Maiden name.	Ralt	imore	, Maryl	and		rations			
I D. HILDERING	George I					uderline the cause to whi			
	S. Market					ath was due to external caus			
17 Buria (Burial, eremation	] , or removal. Which?)	Date ther	eof 3/3/46 (month) (d	6 lay) (year)	Accident, suicide, or ho	omicide	Date of		
	Mount (			ry		(City or town)			
Location				0		Industry, public place (who	Injured at work?		
18. Funeral director			son and	Son	Means of Injury		Injuice at Work?		
Madicas	Frederi	ick, I	- R	1) 0.0	23. SIGNATURE	II ezende	er,	N. D.	

Frederick,

Address.

Haryland

PEEASE WRITE

2 March (Dato rec'd by registrar)

19. 4. 6....

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MAR. 4 1946 BUREAU VI

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //9-2)

# CERTIFICATE OF DEATH

01615 Reg. Dist. No. 13

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County Frederick  City or term. Detour- rural (If outside city or town limits, write RURAL and give nearest town)  Street No			
James R. Renner.	3. (b) Social Security Number			
4. Sex   5. Color or race   6.(a)Single, married, widowed, or directed	MEDICAL CERTIFICATION			
Male White Single	20. Date of Death February 7, 1946 at 7:04 Pm			
6.(b) Name of husband or wife	tel-6 - 1946 to Italy 7 1946			
8. AGE: Years   Months   Days   It less than one day   IO   5  hrshrs.	Tokole a Infantium 2 days			
9. Birthplace Detour, Frederick Co. Md.  (Town, county, and state)  10. Usual occupation.				
John A. Renner  12. Name Rocky Ridge, Md.	Other conditions			
Mary E. Moser  14. Malden name Keymar, Md.	(Include pregnancy within 8 months of death)  Major findings of operatious.			
16. Informant Mr. John A. Renner Address Detour, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Burial Date thereof Feb. 10, I (Burial, cremation, or ramoval Which?)  Cemetery or commissy. Mt Hope Cemetery	22. VIOLENCE: If death was due to externat causes, fill in the tollowing;  Accident, suicide, or homicide			
Location Woodsboro, Md.	Injured at home, farm, industry, public place (whera?)			
18. Funeral director. M. L. Creager & Son	Means of Injury Injured at work?			
Address Thurmont, Md.  19. 9- Jeb (Onte rec'd by registrar)  19. 46 Elizabeth 9- Head Registrary	23. SIGNATURE August Jan M. D. or other !  M. D. or other !  Address Date signed 2/8/46			

FEB 12 1946
BUREAU V.S.

# M

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

01616

Date signed 2-25-46

			CERTIFICA	TE OF DEATI	H	Reg. Dist. No	131
City or town (I How long in above pla Hospital, institution, Treder	ederick rederick If outside city or town it ace of death? or street address where ick City	mits, write RU	RAL and give nearest town)	City or -town	e city or town limit  Cotton  Cotton	mother) Frederics, write RURAL and given the Street	76 nearest town)
3. (a) FULL NA		TO TO TONE	מד מד			3. (b) Social Secu	
	MINNIE					Nor	
4. Sex	5. Color or race	6.(a)tingle,	married, widowed, or divorced			ERTIFICATION	
F	W		M	20. DATE OF DEATH	Februa	ry 23, 194	16 <sub>at</sub> 6:25P
6.(b) Name of husba	Tuno	mon Ri 	If ailve, give ageyear	21. I CERTIFY that death occ	19.	460, 10 7-6	6 33 1146
deceased (mo., da	pars   Months	Bays	If less than one day	Immediate cause of death.			DURATION
	5 7	26		Cerebra	l he	moagl	2/dayo
9. Birthplace	At H	e-Fred connty, and st Ome	erick-Marylan	Due to			
12. Name P	resley Ba	r <mark>ric</mark> k k Coun	ty Maryland	Other conditions			
14. Maiden name Margaret E. Lease 15. Sirthelace Frederick County Maryland				(Include p	<b>15.</b>	••••••	
to. Interment	rs. Alice		essner rick, Marylan	Antopsy results PHYSICIAN: Please under			
17 Buri		Date thereo	2/26/46	22. VIOLENCE: If death w Accident, suicide, or homicie	le	Date of	
Cemetery or erem	Fradan	ick, M	aryland	Injured at home, farm, indu-		rhere?)	
18. Funerat director			on and Son aryland	Means of Injury	2870	injured at work	?
Address			1 50 le 11 0	23. SIGNATURE	Othe	zera?	I. D. or other

Registrar Address.

Frederick,

PLEASE WRITE

Date ree'd by registrar)

FEB 28 1946 BUREAU V 8.

# MARYLAND STATE DEPARTMENT OF HEALTH

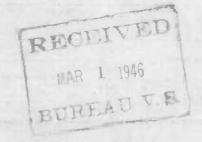
2411 N. Charles St., Baltimore 1860

01617

CERTIFICAT	TE OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH: County Frederick City or town Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution? 2 Neeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Frederick  City or teams (If outside city or town limite, write RURAL and give nearest town)  Street No. Hotel Frederick  (If rural, give LOCATION)  None
3.(a) FULL NAME CELESTE MANZETTA ROELKEY	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, markind, widowed, or divorced	MEDICAL CERTIFICATION
F W S	20. DATE DF DEATH February 27, 19 46 21 3:15P M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.40. to 7.6. 2.7. 19.46.  and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
83 8 2min.	Oliverela Fibrillation
9. Birthplace Frederick-Frederick-Maryland (Town, county, and state) 10. Usual occupation None  11. Industry or business  12. Name John Roelkey 13. Birthplace Germany	Due to Severe fall about 2  Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Susanna Albright	Major findings of operations
14. Malden name. Susanna Albright  15. Birthplace England	
1B. Intermant Mrs. Edward I. Myers  Address Frederick, Maryland	Autopsy results
17. Entombment (Burial cramation or removal Which?)  Cemetery or erematory  Location  M. R. Etchison and Son	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



SN

DURANTO PROTECTION

RECEIVED FEB 23 194 BUREAU V.S.

important.

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (927)

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Frederick Maryland Frederick Bucke vstown
(If outside city or town limits, write RURAL and give nearest town) Buckeystown Years (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street eddress where death occurred: (If roral, give LOCATION) World War How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number JOHN EDWARD SAUERS None 6.(a) Share married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Ida May Fontz 6.(b) Name of handled or wife .6.(c) If allve, give age .... 73 March 6, 1876 deceased (mo., day, yr.) If less than one day Years 8. AGE: 10 9. Birtholace Baltimore, Maryland (Town, county, und state) Retired 11. Industry or business 12. Name...... 13. Birthplace Johannes Sauers Germany (Include pregnancy within 3 months of death) 14. Malden nat Anna Catherine Roth Major findings of uperations..... Germany Mrs. Ida F. Sauers PHYSICIAN: Please underline the cause tu which death should be charged statistically. Buckeystown, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? .....(City or town) National Cemetery Baltimore, Maryland Injured at home, farm, industry, public place (where?) ..... Maans of Injury M. R. Etchison and Son 18. Funeral director. Frederick. Maryland Address 23. SIGNATURE



# VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore Part CERTIFICATE OF DEATH

01620 134 Reg. Dist. No. 134

1. PLACE OF D	EATH: Fre	driek		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	iral hmm	1 1. 9 1117	o. Mal.	State Maryland Co	Fredrick		
City or town	outside city of court	imits, write R	tURAL and give nearest town)	7			
How long in above place	ce of death?	30 yes	ars	City or lown	ts, write RURAL and give n	carest tewn)	
Hospital, Institution, o	or street address where	death occurred		Street No. Emmitsburg,	K.D.		
.00000000000000000000000000000000000000		***************************************		(If rural, giv	e LOCATION)		
How long in hospital	or institution?		***************************************	2.(a) If veieran, name war	<b>)</b>		
3. (a) FULL NAM	ME				3. (b) Social Security	Number	
	Mary	Cecel	lia Schlenk		no		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Fm	white		widow	20. DATE OF DEATH FLAT		3 840p	
	Ch	anlas	T.Schlenk	21. I CERTIFY, that death occurred on the date ab			
8.(6) Name of husban	d or wife	N	Terotitelik	21. I CENTIFI mai death occurred on the vare at			
7. Birth date of		6.(0	c) If allve, give ageyea	and that I last saw h	5 2 6 1 y st	10 4 6	
deceased (mo., day,	yr.) May	13, 1	1863				
8. AGE: Yea	rs   Months	0ays	If less than one day	Immediate cause of death.		10-	
8	32 9	11	hrs. mi				
	W7 - 1- 8	1 0	1		- 7 3	17 -9	
9. Birthplace	(Town	county, and	otate)	Oue 10. Water		1am	
10. Usual occupation	HAITGOL	seper			1.1-		
	Laces second contract to the c		••••••••	Oue 10. Monde and	cocarons	590	
11. Industry or busine		T Omad	- 3		N		
12. Name			in	Other conditions Chronic	Hypulence	ou/0920	
	Fredric	k Co n	nd.	(Include pregnancy within 8	wantha of Janth		
14. Malden name	Mary E	llen C	Corbin				
15. Birthplace		ac Roz		Major findings of operations			
-1 15. Birtilplace							
16. Intermani	e, /e.			Autopsy results			
Address	Emmitsbu.	rg, Mc	l. K.D.				
, buria	on, or removal. Which?	Nate there	eof Feb 28, 194 (month) (day) (year)	6 22. VIOLENCE: If death was due to external ca			
		) Date there	(month) (day) (year)	Accident, suicide, or homicide			
	tory St Ant			Where did injury occur?	(County)	(State)	
Location	Emmitsbu	re. Mc		Injured at home, farm, lodustry, public place (	where?)		
18. Funeral director.	J.Z.	all	ison	Means of Injury	Injured at work?		
	mmitsbur			SM-ni.	Birel	240	
Kal.	20-	, 7	M & Il.	23. SIGNATURE	M. D	or other	
19. / 4/0-	4/= 1940	afl.,	II. F. Smy	Thurs ont-	- Md and almost	2/26/46	



# MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore 953

01621

CERTIFICAT	TE OF DEATH Reg. Dist. No. 147
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
3. (a) FULL NAME FRITZ 5	CHOOF 3. (b) Social Security Number
MALE W 6.(a) Slogle, married, widowed, or divorced MAYTIED	MEDICAL CERTIFICATION  20. DATE OF DEATH. Jels 24 19.46, 21.10.9
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  3 19.42.10 72.24.19.46  and that last saw har alive on 7.2.4 19.46  Immediately cause of death 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Comparison  Co	22. VIOLENCE: If death was due to exfernal causes, fill in the following;  Accident, suicide, or homicide
Location  18. Funeral director W. Okambero Co  Address 5/7-1/h H SE DC  19. Tech 24 19 4 b Blance a Registrar  (Date Fee'd by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE  M. D. ne other

VS A15

MARGIN RESERVED FOR BINDING

FEB 26 1946
BUREAU V. E.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 01699

1	UK	15	,	<		
Reg.	Dist.	No.	/	3	4	•

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County Fredrick  City or town Rural Ammitsburg, Md.  (If outside elty or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:					2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn Infants give residence of mother)  State. Maryland County Fredrick  City or lown. Rural  (If ontside city or town limits, write RURAL and give nearest town)  Street No. Lamitsburg & R.D.  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAI	ME .				3. (b) Social Security	Number	
	Walter	Edga	r Shorb			215- 14-	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
m	white		married		20. DATE OF DEATH JULY HOLE	19.46	at // 55 AM
			Hebecca Ho	21. I CERTIFY that death occurred on the dale above	stated; that I attended dece	ased from 19 4 6.	
f. Birth date of	0 1		1893	years	and that I last saw h alive on	Jis 24	19. 4.6.
8. AGE: Yea		Bays	If less than one day		Immediate canse of death Cerebra L	emorris -	DURATION
52	4	25	hrs.	min.		)30030000000000000000000000000000000000	*
8. Sirthplace					Bue to.		
12. Name	Joseph Fredric	Butt			Bther conditions (Include pregnancy within 3 me	onths of death)	3 mrs
16. Informant	seph!	M	Short Md.		Autopsy results	ch death should be charged	*****************************
Burial, erematic	on, or removal. Which?		(month) (day) (yes	946 er)	22. V10LENCE: If death was due to external caus: Accident, suicide, or homicide	Bate of	
Cemetery or crematory St Anthony Shrine					Where did injury occur?		
	mitsburg	1300	jon	Injured at home, farm, Industry, public place (whe Means of Injury	Injured at work?	•••••••••••	
	2.5	g, Md	MEST	2	23. SIGNATURE Morris W.	Bury M. D.	or other
Date rec'd by	registrar)		Re	egio a	Address / Trurwever /2	Lov Date signed.	2/24/46

VS A15

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MAR 2 1946 BURLAT ( 1

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /63-(B)

01623

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4	10	-

			CERTIFICA	TE OF DEATH Reg. Diat. P	No. 13	
City or to Fre (III  How long in above plac  Hospital, Institution, o  Frederi  How long in hospital o	lerick ederick outside city or town lin e of death? 11 11 r street address where of ck City Ho r Institution? 3	mits, write I Years Jeath occurre Spital	RURAL and give nearest town) d:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town   Frederick    (If outside city or town limits, write RURAL and give nearest town)  Street No. 208 East Seventh Street  (If rural, give LOCATION)  None		
3. (a) FULL NAM	E CHARD SIMP	SON		3. (b) Social Sec 236-03-		
Male Male	5. Color or race White	Ma	married, widowed, or divorced.	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 5, 19.	N	
7. Sirth date of deceased (mo., day, )	31 .	8.(	c) If eilve, give age3.3years	and that I last saw h.I	19 18 ¥ Æ	
8. AGE: Years	Months 1	Days 21	if less than one day	Immediate cause of death  Pheno-horbital  porrowney	DURATION 4 Acres	
10. Usual occupation 11. Industry or busines		at Ev	eredy Company	Mulgue State  Other conditions	2 day	
~!	Lelia Tra New Marke	yer		(Include pregnancy within 8 months of death)  Major findings of operations		
Address 208  17. Burial (Burial cramation Cemetery or cremation Location 18. Funeral director	East Sevent Which? Mount Ol Frederick, C. E. Clin	Simpsonth St _ Date there ivet ( Mary e & So	creet  Feb. 8, 1946  (month) (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be che  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	F-55 46 a , ld. e (State)	
19. (Date rec'd by reg	18.4.6	93	isabeth J. Hech.		M. D. or other 3.46	

PLEASE

MARGIN RESERVED FOR BINDING

FEB14 1946
BUREAU

WRITE

PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

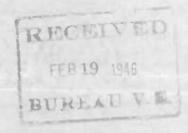
2411 N. Ch

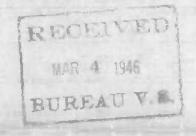
aries	St.,	Baltimore	(150

01624

# CERTIFICATE OF DEATH

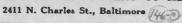
1. PLACE OF DEATH:  Counly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Jumes Franklisi	Smith 3. (b) Social Security Number
4. Sex    Solid or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  O	Immediate corps of doth.  Due to Provide Two Due to
10. Usual occupation	Due to
14. Maiden name. Bettie Mal Luca 15. Birthplace Stanley lung (min	(Include pregnancy within 3 months of death)  Major findings of operations
Address 3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director G: H: Fulla & Bio.  Address Brunswick TML	Meens of Injury  topiced at work?
(Date rec'd by registrar) 1946 Eugenia & Buth	Address Brunial M. D. or other  Address Brunial M. D. bat signed Feel 14-4





MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH



01626

CERTIFICA	TE OF DEATH Reg. Dist. No. 3
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State.  County  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCA-FION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Helen Trene Si	tevers
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I 21. Married	20. DATE DF DEATH Teles 18 19.94 at 685
8.(b) Name of husband or with the Morman Stevens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S.(c) If alive, give age years	7-ela (2 19 45t, to I 18 19 42
deceased (mo., day, yr.) Mar 25 / 902	The same of the sa
8. AGE: Years Months Days If less than one day	Immediate cause of death
43 /0 23hrsmin.	7-7-1
9. Birthplace Table (Town, county, and state)	Due to Zalluning Alluny
1D. Usual occupation	Due to
11. Industry or business Communication (Communication)	DUE (U.
12. Name Chas Commended 13. Birtholace Frederical Go. ryd.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary & Hard 15. Birthplace Frederick Ev. Myd.	Major findings of operations.
\$ 15. Birthplace trederick Go. Myd.	
18. Interment Joseph Stevens	Actopsy results.
Address treceies Myd. Route 1.	PHYSICIAN: Please underlice the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory . Fair	Where did injury occur?
Location Liberty Town Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Parallel Hartile	Means of Injury Injured at work?
Address Woodsborn Wyd	2
10 4 d CP: D'Am O. I	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Tradicish Mit Date signed 29 > 16

Address Inderich mik

VS A15

FEB 21 1946 BURFARTS CEDTIFICATE OF DEATH

# 2411 N. Charles St., Baltimore 95-2

			CERTIFICA	Reg. Diat. No	J
1. PLACE OF D County	ederick	mits, write l	SURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Frederick County Frederick	
How long in above pla Hospital, institution, 540	ce of death?	death occurred Stre	d:	City or town. Frederick  (If outside city or town limits, write RURAL and give in Street No. 340 West Patrick Street Street (If rural, give LOCATION)  (If rural, give LOCATION)  2.(a) If welcan, name war. World War I	arest fown)
3. (a) FULL NAM	or institution?				
3. (a) PULL NAP		WASILI	INGTON STOCKMAN	3. (b) Social Security 217-12-12	
4. Sex	5. Color or race	6.(a)6ina	e, married, w <del>idowed,</del> or divorced	MEDICAL CERTIFICATION	
N	W		I.C	20. DATE OF DEATH Pebruary 27, 1946	, 12 A
6.(b) Name of husban	or wife Nelli	ie Kli	ine	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
7. Birth date of deceased (mo., day	yr.) August	5.(	c) If alive, give age 49 years	December 19.5 to Feb 2 and that I last saw him alive on Feb 26	19 4 6
8. AGE: Yea	ars   Months	Days	If less than one day	Immediate cause of death Ventricular fibrillation	2 minute
10. Usual occupation	Clerk	***************************************	rick-Maryland	Due to. Rheumatic Cardio-vascular Due to.	zoyears
12. Name	lilliam M. Prederio	Stoc	okman unty Maryland	Dther conditions	•
	Sarah Ad	la Fis	sher	(Include pregnancy within 3 months of death)  Major findings of operations	
≥ 15. Birthplace	Frederic		unty Maryland	Date of op	
	rs. Nelli			Autopey results.	
Address 340	W. Patri		,Frederick,Md.		statistically.
17 Buria	1 on, or removel. Which:	Date ther	eof 3/1/36 (montb) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
(Buriai, crematic	Mount (	)]ivet	(month) (day) (year) Cemetery		
				Where did injury occur? (City or town) (County)	
Location	reder			Injured al home, farm, industry, public place (where?)	**************************
18. Funeral director.	11. R.	stchis	son and Son	Means of Injury Injured all work?	
Address	Prederi	lck, I	laryland	23. SIONATURE Bernard James Ja Mi. D.	. M. D.
19. 28 de	registrar) 19 4 6		isalutta J. Heck Registrar	The density of the send of	2-28-46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING IARGIN RESERVED PLEASE WRITE

A15

MAR 1 1946
BUREAU VE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

# CERTIFICATE OF DEATH

01628

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hraderick	State Many Land County Landanick
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 70 Tears	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Stree1 No.
	(If rural, give LOCATION)
How leng in hespital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Paul Stouter	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Jefr / 1946, at 636
6.(6) Name of husband or wife Esther Horriet Stouter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19 7 19 19 000 19 19 16
deceased (mo., day, yr.) November 7. 1875	and that I last saw h Line, alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
70 2 24hrsmin.	
9. Birthplace Frederick County, Maryland (Town, county, and state)	Due to Chronic rephrites Quest years
10. Usual occupation. Farmer	
11. Industry or business	Due te
	Diter conditions Prastale hyperprofly - 4 years
12. Name Michael Stouter  13. Birthplace Frederick County. Maryland	
	(Include pregnancy within 3 months of death)
14. Maiden name Sara Baker  15. Birthplace Adams County, Pennsylvania	Major findings of operations.
15. Birthplace Adams County, Pennsylvania	Date et ep.
16. Informant May Janua Cyllo	Autopsy results
Address Emmitsburg. Baryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tellowing;
17. Bur 1a1 Date Ihereot Fab. 5, 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Anthony Shrine Comet.	Where did injury occur?
Location Lynnit, sburg Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director L. Cellison	Means of Injury Injured at work?
	10000
Address Emmitsburg, Warviano	23. SIGNATURE W. / Caelle mo
19. Feb 4 18 46 M. To Shuff	Ale by A M. D. or other
(Bate rec'd by registrar)	Address ///////

Rostrar Address.....

Julients true puf Dale signed 2-4-

VS A15

MARGIN RESERVED FOR BINDING

FEB 7 1946
BUREAU V.S.

3. (b) Social Security Number

DURATION

# 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

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especially PLAINLY, is especially

WRITE

PLEASE

The correct age 1. PLACE OF DEATH:

information carefully of death clearly and

County Frederick

Romitsburg, 10 (If outside eity or town limits, write RURAL and give nearest town)

How long in above place of death?..... Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Mary Talia Tanev

It less than one day

4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced hite Single r'emale

Days

6.(b) Name of husband or wife.....

7. Birth date of

August 25. deceased (mo., day, yr.) Months 8. AGE:

Emmilsburg,

Housekeeper 10. Usual occupation.....

11. Industry or business

12. Name...... 13. Dirlhplace Edward J. Taney 12. Name......

ammitshire. b.l. Clara E. 14. Malden name... Boonsboro, Washington Co. Md

Address Himmitsburg. Id. K.D.

17. Bir 19]
(Burial, cremation, or removal, Which?) Dale thereot Hab (day) (year) Cemetery or crematory St. Joseph's Cemeter v

1B. Funeral director.....

Emmi sturg, Meryland

Mengland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Fregerick

State Laryland (If outside city or town limits, write RURAL and give nearest town)

> Emmifsburg, M.d. R.D. (If rural, give LOCATION)

2.(a) If veteran, name war ....

None

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I allended deceased from 19 46 to Feb. 16

(Include pregnancy within 8 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following: 

Where did Injury occur? ...... (City or town)

Means of Injury

23. SIGNATURE TO

Injured at home, tarm, Industry, public place (where?) ......

(County)

Injured at work?

A15 SA

PEGELVED
FEB 21 1946
BUREAU V.E.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-1

### CERTIFICATE OF DEATH

131 Reg. Dist. No.

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or term. Frederick-Rural R. F. D. #3  (If outside city or town limits, write RURAL and give nearest town)  Street No. Near Frederick  (If rural, give LOCATION)		
City or town (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death?			
Hospilal, Institution, or sireet address where death occurred: Frederick City Hospital			
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME ELMER EUGENE THOMAS, SR.	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diversed	MEDICAL CERTIFICATION		
M W M	20 DATE DE DEATH February 13, 19 46 at 6:15F		
6.(b) Name of Ausband-or wife. Maude Roderuck	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  January 15th, 19 46 to Feb. 13th, 19 4		
7. Birth date of deceased (mo., day, yr.) July 4, 1880	and that I last saw h im alive on February 13th, 19 4		
8. AGE: Years   Months   Days   If less than one day   65   77   9	Chronic endocarditis 2 yr		
	Bue to.		
9. Birthplace Frederick County Maryland (Town, county, and state)	Cardio vascular disease 6 yr		
10. Usual occupation Farmer	Due to		
11. Industry or business			
E 12 Name John Franklin Thomas 13. Birthplace Frederick County Maryland	Dither conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name. Mary Ellen Zimmerman  15. Birthplace Frederick County Maryland	Major findings of operations		
Wrs. Walle R. Thomas	Autopsy results.		
Fradaniel Md D D D 47	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Trederick, Md. R. F. D. #3  17. Burial  (Burial, cremation, or removal, Which)  (Burial, cremation, or removal, Which)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or stematory Mount Olivet Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Frederick, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. M. R. Etchison and Son	Meens of Injury Injured at work?		
Fradanials Manyland	(Detto 1)		
Address Frederick, Maryland	23. SIGNATURE CAT COULLY. M. D.		
19 13 Let 1946 Elizabeth & Heck.	C. H. Conley M. D. M. D. acother  Address Frederick, Maryland Date signed 2-14-		

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. The correct age legibly.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly an A

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-04

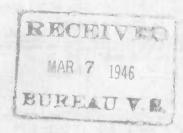
01631

## CERTIFICATE OF DEATH

- Diet No /32

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Show limits, write RURAL and give nearest town)  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Mary May Toma	~~
Temple white widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.  20. DATE OF DEATH.
6.(b) Name of husband or wife Arch CT6-2	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	and that I last saw h. A. alive on Jel 3 1946
deceased (mo., day, yr.) 124 3, 1813	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day  7.2 9	Cerebral Herenhage 4 days.
9. Birthplace Middlatown Frederick Co. Md. (Town, county, and atate)	Due to Corelna Caste nesclarores 1 Cm,
10. Usual occupation	Due to
11. Industry or business.  12. Name Simon Single Piddle town, Md.	Other conditions
14. Maiden name Ella Curkle  15. Birthplace Middle town, Nd.  16. Informant Homes Towns	(Include pregnancy within 3 months of death)  Major findings of operations.
2 15. Birthplace Middle town Nd.	Date of op.
16. Informant Homer Toms	Autopsy results
Address Middletown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Wbich?)  Bale thereof. Feb.: Jay 7 G.1941  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, sulcide, or homicide
Cemetery or crematory Luther an lowetery	Where did injury occur? (City or town) (Connty) (State)
Localion Middlatown Md.	Injured al home/farm, industry, public place (where?)
18. Funeral director. Cladial Co.	Means of Injury Injured at work?
Address Kildletown, Md.	23. SIGNATURE S Harb. Mes
19. Feb 6 19 46 Marie Glasliel Registrar	Address Address Date signed Z

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### MARYLAND STATE DEPARTMENT OF HEALTH >

# CERTIFICATE OF DEATH

age	2411 N. Charle	es St., Baltimore 46-2	01000
rect	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 13
of death clearly and legibly.	1. PLACE OF DEATH:  County	Street No	other)  The August Street County of the RURAL and give nearest town)
death	3. (a) FULL NAME Quina Mary Whilis	ert	3. (b) Social Security Number
uses of	4. Sex School of ace Single, matrice, without, or directed Stude	71/	RTIFICATION 4/16
every nen	6.(b) Name of husband or wife	21. I CERTIFY that seath occurred on the date above 19	re stated; that Lattended deceased from
cians: please wr	8. AGE: Years Months Days If less than one day  8. Birthplace	Immediate cause of death  Intestinal Obst  Probably due to cancers a  Due to UniCuoun	ruction 3 days
Physic	11. Industry or business  12. Name	Differ conditions.  (Include pregnancy within 3 m	
impor	14. Maiden name  15. Birthplace  16. Informant  O. S. Whimest	Major fiedings of operations. No. openation	Bate of op.
write FLAINLY, is especially	Address Dallastonn Pa.  17. Daviel Date thereof Jell 27. 1946. (Barial, cornection, or compast Which) (moath) (day) (year)  Cemetery or crematory of latther and Cemetery of Camera Compast Co	PHYSICIAN: Please underline the case to whi  22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of
rue Ase	18. Funeral director Suss 45m  Address Janeytown Md.  19. 24 Feb (Date rec'd by registrar)  18. 44 Elizabeth Fegistrar	23. SIGNATURE Bernard Hus 22810- Market St. Fre Address.	ma L M. P.  M. D. or other  Date signed L. 25, 14 4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-24

### CERTIFICATE OF DEATH

01634 Dist. No. / 47

	Neg. Dist. No.,	1- f- 1-1-1 of f
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Wille And Attel VI file	state Mary land, count Frederic	ck
(If outside city or town limits, write KUKAL and give nearest town)	City or Inwa Mean Wood Wille	
How long in above place of death? 50 4 eurs.	Of outside city or town limits, write RURAL and give	nearest town)
Mospilal, Institution, or street address where death occurred:	Street No. (N. D. M. Cury	
New Jose to beautiful or leading to 2	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, dame war	
Daniel J.	Going, 3. (b) Social Securi	ity Number
4. Sex 5. Coor pr rect 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH Jet 28 19.4	6 4 P
8.(b) Name of husband or wife Oruma L. Gering	21. I CERTIFY that death occurred on the date above stated; that I attended de	
5 <sub>s</sub> (c) II affre, give aga 62 years	apr 1940 to Fer	28 1944
7. Birth date of deceased (mo., day, yr.) Murch 17, 1884	and that I last saw harmalive on	S 19 V 4
8. AGE: Years   Mooths   Days   If less than one day	Impedite cause of death	DURAPION
6/ // //hrsmio.	Cerebral Hewarray	9 kg
	J	***************************************
9. Birthplace au Cas ly (2) (Fenna (Tom, county, and state)	Due to.	
10. Usual occopation. Harmer.	mus sams	34
11. Industry or business	Due to	***************************************
12. Name Jacob Journey 13. Birthplace	Other conditions	******
	(Include pregnuncy within 3 months of death)	•••••
14. Maiden oame	Major findings of operations	*******************************
= 15. Birthplace remosglvanca	Date of op	
16. Informant Mrs. Eniste L. Jonny	Autopsy results	
Address Teck, any - mg	PHYSICIAN: Please underline the cause to which death should be charg	red statistically.
1. (Runial 3-3-46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cromation, or removal Winteh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or exphalory Colliss State	Where did injury occur?(City or town) (County)	(State)
Location Wood will Frederick Co. Med.	Injured at home, farm, industry, public place (where?)	
8711 /1-11-	Means of injury Injured at work?	
18. Fuoeral director	(12n. 1)	
Address Wen field Wed.	23. SIGNATURE M Van Jack	
19 Mar. 2 1946 Blaries a. Kurkle		D. en other
(Date rec'd by registrar)	Address ON US OI A Date signe	ed 2/38/1-6

Address MY airy 8Md

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information carefully. The cof death clearly and legibly

causes every item of ite the causes

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UNFADING INK. Physicians:

important.

especially

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R2-2)

2.(a) If veteran, name war.....

3. (b) Social Security Number

CERTIFI	CATE	OF	DF	ATL

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

MEDICAL CERTIFICATION

1. PLACE OF DEATH:   . /			
County Frederick			
City or ton Frederick			
(If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?			
Hospital, institution, or street address where death occurred			
***************************************			
How long in hospital or institution?			
3. (a) FULL NAME			
albert Dorsey Zumerm an			
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced			
m w widowed			
Bertin Smith			
B.(b) Name of hysteric or wife.			
7. Birth date of			
deceased (mo., day, yr.) March 16, 1869			
8. AGE: Years   Months   Days   if less than one day			
76 11 4hrsmin.			
9. Birthplace Fulderick Co. M.d. (Town, county, and state)			
10. Usuat occupation Faltures			
11. Industry or business			
E 12. Name John David Finnelinan			
13. Birthplace Frederick Ex.			
14. Maiden name Martha E. Valentine			
15. Birthplace Frederick Co.			
18. Informani Llesses Zillesselteste aus			
Address Walkersville			
17. Burnal Bate thereof Feb. 22 1946 (Borial accounting or removal, Whileh?) (month) (day) (year)			

**OURATION** (Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

inured et work?

M. D.

or other

22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide.....

(City or town) Injured at home, farm, industry, public place (where?) .....

Where dld Injury occur? .....

Means of Injury

23. SIGNATE

PLAINLY WRITE

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图图

PLEA

18. Funeral director

(Date rec'd by registrar)

Address

TITLE OF BEATH

FEB 23 1966
BUREAU T.S.

01636

The correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly MARGIN AESERVED FOR BINDING

PLAINLY, WITH UNF is especially important. WRITE PLEASE VS A15

2411 N. Charles St., Baltimore (33)

### CEDTICIOATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No. 121
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or the (1f outside city or town limits, write RURAL and give nearest town)  Street No.  (1f rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
Kalio L. Jum	en man
Lewale white Single married, wild or diversed	MEDICAL CERTIFICATION  20, DATE OF DEATH. February 10th, 19 46, 21 4: 40
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  February 3d, 1946 to February 1019 46  and that I last saw her alive on February 10th, 1946
8. AGE: Years Months Days It less than one day  7.5 10 4	Immediate cause of death DURATION  Cerebral hemorrhage 2/3/46
9. Birthplace Fucles p 60 md (Town, courty, and state)	Due to Senile dementia 2 yrs.
10. Usual occupation	Due to
12. Name Horace Freeder Geo	Other conditions
14. Maiden name Man Catharia Calbany	(Include pregnancy within 8 months of death)  Major findings of operations
15. Birthplace Federity Con- 18. Informant Mus. Relit Clapp Sv.	Autopsy results
Address  17. Beering Date thereof 2/12/46  (Burial, cramatica, or removal, Whitehing (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
Location Teeclesish Mich	where did injury occur? (City or town) (County) (State)   Injured at home, farm, industry, public place (where?)
18. Funeral director. Harry E Cout Cos. Address Frederich, N.d.	Meens of Injury Injured at work?
19. 11- Jel 19. 46 Elizabetha S. Hack.  (Date red by registrar)  Registrar	23. SIGNATURE M. D. OPONACK Address Frederick, Md. Date signed 2/11/46

FEB 12 1946
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### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 83-0

	A.	10	0	
	Dist N	10	1	2 1
Da-	Dies N.	- 0	1	2

CERTIFICAT	TE OF DEATH Reg. Dist. No. 18
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  (If outside city on limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Male 15. Color or race 6,(a) married, widowed, or divorced married.	MEDICAL CERTIFICATION  20. DATE DE DEATH 7
6.(b) Name of hostered or wife. Helley Q. Belley Clay  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  7. Birthplace Hoster Co. M. C. (Town/county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 10. 7. 10. 19. 4. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
11. Industry or business  12. Name San William Process  13. Birthplace Frederick to med	Due to
14. Malden name. Petaleca Phodesis.  15. Birthplace Frederich to ma	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant MA Heller Dominermon. Address Walkerwice ma	Autopsy results
(Burhal, cremation, or remoyal, Which?)  Cemetery or crematory	22. V10LENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
t8. Funeral director C. Barton  Address Walkerwille Ma	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
10 12 Jeb 18 96 Elizabeth J. Hech	(0) About 10 M. D. or other

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